

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Women Speak Out PAC

ADDRESS (number and street) ▼

1200 New Hampshire Ave NW

Suite 750

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00530766

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Emily Buchanan

Signature of Treasurer

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Women Speak Out PAC

Report Covering the Period:

From:

| | | | | |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 11 | | 17 | | 2014 |

To:

| | | | | |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 11 | | 24 | | 2014 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <div>Y Y Y Y Y 2014</div> | | <div>1842.48</div> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <div>397553.16</div> | |
| (c) Total Receipts (from Line 19) | <div>34065.49</div> | <div>3682448.71</div> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <div>431618.65</div> | <div>3684291.19</div> |
| 7. Total Disbursements (from Line 31)..... | <div>60130.23</div> | <div>3312802.77</div> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | <div>371488.42</div> | <div>371488.42</div> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <div>0.00</div> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <div>0.00</div> | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Women Speak Out PAC

Report Covering the Period:

From:

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | / | 17 | / | 2014 |

To:

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | / | 24 | / | 2014 |

I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

16475.00

3507449.09

(ii) Unitemized

17590.49

104999.62

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

34065.49

3612448.71

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0

70000

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

34065.49

3682448.71

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

34065.49

3682448.71

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

34065.49

3682448.71

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 25967.46 | 1232317.74 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 25967.46 | 1232317.74 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0 | 3000 |
| 24. Independent Expenditures (use Schedule E) | 34162.77 | 2077485.03 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0 | 0 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 60130.23 | 3312802.77 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 60130.23 | 3312802.77 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 34065.49 | 3682448.71 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0 | 0 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 34065.49 | 3682448.71 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 25967.46 | 1232317.74 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0 | 0 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 25967.46 | 1232317.74 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)
A. Thomas Posatko

Mailing Address 507 West 9th Street

City State Zip Code
 Wilmington DE 19801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 24 / 2014

Transaction ID : 58-AD63-3472AC066158

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)
B. Robert Michalewicz

Mailing Address 337 Michalewicz Road

City State Zip Code
 Best TX 76932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Rancher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 17 / 2014

Transaction ID : 75-BDFF-6B306945438A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)
C. Paul McFadden

Mailing Address 9504 Indianfield Drive

City State Zip Code
 Mechanicsville VA 23116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 17 / 2014

Transaction ID : 79-BCCE-3B14F6A486A8

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

| | | |
|--|--|---|
| A. John Hoch Full Name (Last, First, Middle Initial) Mailing Address 580 West 215th Street Apt. 4a City New York State NY Zip Code 10034 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00 | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 17 / 2014 Transaction ID : B1-AB3C-82FB7863BEB5 Amount of Each Receipt this Period 1250.00 |
| B. John Valerius Full Name (Last, First, Middle Initial) Mailing Address 1909 Canterbury Street City Irving State TX Zip Code 75062 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 17 / 2014 Transaction ID : 10-9E8C-229C37C1405E Amount of Each Receipt this Period 250.00 |
| C. Henry Davison Full Name (Last, First, Middle Initial) Mailing Address 7821 Buist Avenue City Philadelphia State PA Zip Code 19153 FEC ID number of contributing federal political committee. C Name of Employer SSA Occupation Civil Servant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2014 Transaction ID : A5-AD62-B34279183569 Amount of Each Receipt this Period 1000.00 |
| SUBTOTAL of Receipts This Page (optional)..... ▶ | | 2500.00 |
| TOTAL This Period (last page this line number only)..... ▶ | | |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

| | | | |
|---|--|--|---|
| A. George Bridgman Full Name (Last, First, Middle Initial) Mailing Address 1092 87th Avenue West City Duluth State MN Zip Code 55808 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 | | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 17 / 2014 Transaction ID : 3D-8EE7-8103D49928DA Amount of Each Receipt this Period 300.00 |
| B. Stephen Good Full Name (Last, First, Middle Initial) Mailing Address 3304 Grand Avenue City Everett State WA Zip Code 98201 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00 | | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 17 / 2014 Transaction ID : 3B-8E51-D4EAF42EEBEE Amount of Each Receipt this Period 225.00 |
| C. Ralph Schmidt Full Name (Last, First, Middle Initial) Mailing Address 2925 Piano Bridge Road City Schulenburg State TX Zip Code 78956 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 | | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 17 / 2014 Transaction ID : FA-BBF9-771B2A08D7E1 Amount of Each Receipt this Period 1000.00 |
| SUBTOTAL of Receipts This Page (optional)..... ▶ | | | 1525.00 |
| TOTAL This Period (last page this line number only)..... ▶ | | | |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

| | | |
|---|--|---|
| A. Lawrence Rakunas Full Name (Last, First, Middle Initial) Mailing Address 1150 Willowgate Lane City Saint Charles State IL Zip Code 60174 FEC ID number of contributing federal political committee. C Name of Employer Northwest Airlines Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 17 / 2014 Transaction ID : A3-A93C-A19AE4E22FBC Amount of Each Receipt this Period 300.00 |
| B. Pamela Gilardi Full Name (Last, First, Middle Initial) Mailing Address 105 Due East Avenue City New Smyrna Beach State FL Zip Code 32169 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 21 / 2014 Transaction ID : C1-9195-B78E5E261EB4 Amount of Each Receipt this Period 1000.00 |
| C. Nancy Reed Full Name (Last, First, Middle Initial) Mailing Address 2201 E Hickory Hill Road City Argyle State TX Zip Code 76226 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 17 / 2014 Transaction ID : 34-9553-C364637DCA7D Amount of Each Receipt this Period 1000.00 |
| SUBTOTAL of Receipts This Page (optional)..... ▶ | | 2300.00 |
| TOTAL This Period (last page this line number only)..... ▶ | | |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

| | | | | |
|---|--------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Mary Murphy | | | Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div>11 / 20 / 2014</div> </div> | |
| Mailing Address 46 Central Drive | | | Transaction ID : DA-9FCC-78DA9DA599BC | |
| City Plandome | State NY | Zip Code 11030 | Amount of Each Receipt this Period <div> <div>1000.00</div> </div> | |
| FEC ID number of contributing federal political committee. C | | | | |
| Name of Employer Retired | | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <div> <div>1000.00</div> </div> | | |

| | | | | |
|---|--------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Josephine Noetzel | | | Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div>11 / 17 / 2014</div> </div> | |
| Mailing Address 238 Surrey Lane | | | Transaction ID : 53-842F-CE7BCCBC1497 | |
| City Lake Forest | State IL | Zip Code 60045 | Amount of Each Receipt this Period <div> <div>1000.00</div> </div> | |
| FEC ID number of contributing federal political committee. C | | | | |
| Name of Employer Deloitte | | Occupation Mgmt Consultant | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <div> <div>1000.00</div> </div> | | |

| | | | | |
|---|--------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. Carol Crossed | | | Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div>11 / 24 / 2014</div> </div> | |
| Mailing Address 1675 Clover Street | | | Transaction ID : C2-81FD-11FD1EAE910F | |
| City Rochester | State NY | Zip Code 14618 | Amount of Each Receipt this Period <div> <div>3000.00</div> </div> | |
| FEC ID number of contributing federal political committee. C | | | | |
| Name of Employer Seamless Garment Network | | Occupation President, SBA Museum | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <div> <div>3000.00</div> </div> | | |

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Anne Perri

Mailing Address 4975 Southwest 65th Avenue

City State Zip Code
 Portland OR 97221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Best Buy In Town, Inc.

Occupation

Secretary/Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 17 / 2014

Transaction ID : 89-B08F-53725CA54E5D

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Rosemary Perez

Mailing Address 6822 Oregon Street

City State Zip Code
 Buena Park CA 90621

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph Hospital

Occupation

Mammographer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 20 / 2014

Transaction ID : E7-BA94-779B2FC1D07B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Elaine Moczygemba

Mailing Address 452 K D M Lane

City State Zip Code
 Hobson TX 78117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dry-Land Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 17 / 2014

Transaction ID : A9-8E54-9D6BBF46529C

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

2400.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. David Ream

Mailing Address 19514 Orrick Trail

City State Zip Code
 Kirksville MO 63501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Clergyman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 17 / 2014

Transaction ID : DD-9B35-F6002C8972EE

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Anthony Dimaggio

Mailing Address 28001 Southfield Road

City State Zip Code
 Lathrup Village MI 48076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

General Motors

Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 20 / 2014

Transaction ID : F1-9CCE-E5F2F7907C3C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

16475.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 320

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mary Katherine Collins

Mailing Address 15 1/2 Magnoila Circle

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Searcy | AR | 72143 |

Purpose of Disbursement
Mary Kate Collins Bonus for KS Work

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: | District: |

| | |
|-------------------|---|
| Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 17 | | 2014 |

Transaction ID : 024197A6-D6E0-4FF1-9

Amount of Each Disbursement this Period

| |
|--------|
| 427.59 |
|--------|

Full Name (Last, First, Middle Initial)

B. Garland Honeycutt

Mailing Address 1081 Fork Mountain

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Bakersville | NC | 28705 |

Purpose of Disbursement
Travel Reimbursement

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: | District: |

| | |
|-------------------|---|
| Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 19 | | 2014 |

Transaction ID : 0EDCE7F1-4CB6-469E-A

Amount of Each Disbursement this Period

| |
|--------|
| 606.33 |
|--------|

Full Name (Last, First, Middle Initial)

C. Dollar General

Mailing Address 395 Crimson Laurel Way

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Bakersville | NC | 28705 |

Purpose of Disbursement
Supplies

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: | District: |

| | |
|-------------------|---|
| Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 19 | | 2014 |

Transaction ID : DCD6C17B-BE04-4639-8

Amount of Each Disbursement this Period

| |
|--------|
| 354.65 |
|--------|

[MEMO ITEM]

Itemization Of Reimbursement

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 1033.92 |
|---------|

| |
|--|
| |
|--|

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 320

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Office Depot

Mailing Address 592 Hanes Mall Blvd

City Winston-Salem State NC Zip Code 27103

Purpose of Disbursement
Supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2014
Transaction ID : AFDA3F5C-3162-49A5-B

Amount of Each Disbursement this Period

104.95

[MEMO ITEM]

Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

B. Walgreens

Mailing Address 3701 high Point Rd

City Greensboro State NC Zip Code 27407

Purpose of Disbursement
Supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2014
Transaction ID : 006D3F83-3DC7-48A7-A

Amount of Each Disbursement this Period

80.00

[MEMO ITEM]

Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

C. WalMart

Mailing Address 3605 High Point Rd

City Greensboro State NC Zip Code 27407

Purpose of Disbursement
Supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2014
Transaction ID : 7889B9FC-A290-4A8E-A

Amount of Each Disbursement this Period

60.00

[MEMO ITEM]

Itemization Of Reimbursement

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 320

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. WalMart

Mailing Address 3605 High Point Rd

City Greensboro State NC Zip Code 27407

Purpose of Disbursement
Supplies

002

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 19 / 2014**Transaction ID : 3B380AC3-F243-4787-B**

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

B. Christopher Crawford

Mailing Address 18 Fairhaven road

City Nashua State NH Zip Code 03060

Purpose of Disbursement
Travel Reimbursement

002

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 19 / 2014**Transaction ID : 1827813D-7938-4C5F-B**

Amount of Each Disbursement this Period

1316.16

Full Name (Last, First, Middle Initial)

C. Intuit

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 20 / 2014**Transaction ID : 183F24F2-CFFA-4233-B**

Amount of Each Disbursement this Period

7.75

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1323.91

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Chain Bridge Bank

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement
Wire Transfer Fee

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 24 2014
Transaction ID : 26591F4F-D60B-4124-9

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. Intuit

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 21 2014
Transaction ID : 26A4E47A-F6C2-4F8E-A

Amount of Each Disbursement this Period

51.28

Full Name (Last, First, Middle Initial)

C. Cleco Power, LLC

Mailing Address PO Box

City Dallas State TX Zip Code 75266

Purpose of Disbursement
Utilities

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 21 2014
Transaction ID : 3C8E07DC-3188-465D-8

Amount of Each Disbursement this Period

34.85

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

101.13

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 320

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Chain Bridge Bank

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement
Wire Transfer Fee

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 20 2014
Transaction ID : 4968ABFA-199C-422E-B

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. Duke Energy

Mailing Address PO Box 70516

City Charlotte State NC Zip Code 28272

Purpose of Disbursement
Utilities

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 21 2014
Transaction ID : 500A5032-28DC-4B37-9

Amount of Each Disbursement this Period

56.38

Full Name (Last, First, Middle Initial)

C. Dueling Oak, LLC

Mailing Address PO Box 1026

City Madisonville State LA Zip Code 70447

Purpose of Disbursement
Rent

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 21 2014
Transaction ID : 54801F37-BDF9-4356-A

Amount of Each Disbursement this Period

1425.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1496.38

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 320

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. PayChex

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement
Payroll Processing

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 17 / 2014
Transaction ID : 6699BD7A-AB91-4943-A

Amount of Each Disbursement this Period

125.28

Full Name (Last, First, Middle Initial)

B. Taylor Wilson

Mailing Address 6300 terra verde dr

City Raleigh State NC Zip Code 27609

Purpose of Disbursement
Travel Reimbursement

002

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 19 / 2014
Transaction ID : 672D98DB-139F-437A-A

Amount of Each Disbursement this Period

116.66

Full Name (Last, First, Middle Initial)

C. Intuit

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 17 / 2014
Transaction ID : 6A8EB39B-7B23-485F-8

Amount of Each Disbursement this Period

39.65

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

281.59

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 320

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Intuit

Mailing Address 2632 Marine Way

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| Mountain View | CA | 94042 |

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: | District: |

| | |
|-------------------|---|
| Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 20 | | 2014 |

Transaction ID : 6AED2660-0050-4ACD-B

Amount of Each Disbursement this Period

| |
|------|
| 7.75 |
|------|

Full Name (Last, First, Middle Initial)

B. NC Unemployment

Mailing Address 1101 Mail Service Center

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Raleigh | NC | 27699 |

Purpose of Disbursement
Taxes

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: | District: |

| | |
|-------------------|---|
| Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 21 | | 2014 |

Transaction ID : 6B79FE48-D75D-4685-A

Amount of Each Disbursement this Period

| |
|-------|
| 51.72 |
|-------|

Full Name (Last, First, Middle Initial)

C. Laurie Lee

Mailing Address 11104 Westpoint Court

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Little Rock | AR | 72211 |

Purpose of Disbursement
Travel Reimbursement

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: | District: |

| | |
|-------------------|---|
| Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 19 | | 2014 |

Transaction ID : 75B0CC1D-4636-47F4-8

Amount of Each Disbursement this Period

| |
|---------|
| 1130.43 |
|---------|

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 1189.90 |
|---------|

| |
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| |
|--|

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 320

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Holiday Inn Express

Mailing Address 515 Midland St

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Little Rock | AR | 72202 |

Purpose of Disbursement
Travel

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: | District: |

| | |
|-------------------|---|
| Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ |

002

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 19 | | 2014 |

Transaction ID : 08FA4DB9-8103-47B9-8

Amount of Each Disbursement this Period

| |
|--------|
| 359.58 |
|--------|

[MEMO ITEM]

Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

B. Hampton inn

Mailing Address 5302 Crossroads Parkway

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Texarkana | AR | 71854 |

Purpose of Disbursement
Travel

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: | District: |

| | |
|-------------------|---|
| Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ |

002

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 19 | | 2014 |

Transaction ID : 0A9E29AB-CEA6-4901-9

Amount of Each Disbursement this Period

| |
|--------|
| 170.58 |
|--------|

[MEMO ITEM]

Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

C. Hampton inn

Mailing Address 5302 Crossroads Parkway

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Texarkana | AR | 71854 |

Purpose of Disbursement
Travel

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: | District: |

| | |
|-------------------|---|
| Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ |

002

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 19 | | 2014 |

Transaction ID : A30F84A2-55C7-4B3F-B

Amount of Each Disbursement this Period

| |
|--------|
| 255.87 |
|--------|

[MEMO ITEM]

Itemization Of Reimbursement

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|------|
| 0.00 |
|------|

| |
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| |
|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 320

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 18 | | 2014 |

Transaction ID : 7E73941E-AECB-4A9E-A

Amount of Each Disbursement this Period

| |
|------|
| 1.24 |
|------|

Full Name (Last, First, Middle Initial)

B. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 18 | | 2014 |

Transaction ID : 83E89090-D48D-4250-B

Amount of Each Disbursement this Period

| |
|------|
| 2.67 |
|------|

Full Name (Last, First, Middle Initial)

C. Joanne Filiatreau

Mailing Address 3 Putter Cove

City Sherwood State AR Zip Code 72120

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 19 | | 2014 |

Transaction ID : 9A3FD37D-617A-400C-B

Amount of Each Disbursement this Period

| |
|--------|
| 987.38 |
|--------|

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|--------|
| 991.29 |
|--------|

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| |
|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 320

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 17 | | 2014 |

Transaction ID : 9EC6A76A-9B06-41AC-8

Amount of Each Disbursement this Period

| |
|-------|
| 53.01 |
|-------|

B. Intuit

Full Name (Last, First, Middle Initial)

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 24 | | 2014 |

Transaction ID : A39A84F2-D7C7-46A3-B

Amount of Each Disbursement this Period

| |
|-------|
| 30.17 |
|-------|

C. Discount Bankcard

Full Name (Last, First, Middle Initial)

Mailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 24 | | 2014 |

Transaction ID : A61DEB24-2AEB-4C9A-8

Amount of Each Disbursement this Period

| |
|-------|
| 11.59 |
|-------|

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

| |
|-------|
| 94.77 |
|-------|

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|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

| City | State | Zip Code |
|---------|-------|----------|
| Herndon | VA | 20170 |

| Purpose of Disbursement |
|-------------------------|
| Travel Reimbursement |

Candidate Name

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : A7740E11-9B33-47D4-9

Amount of Each Disbursement this Period

2270.12

Full Name (Last, First, Middle Initial)

B. Intuit

Mailing Address 2632 Marine Way

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| Mountain View | CA | 94042 |

| Purpose of Disbursement |
|-----------------------------|
| Credit Card Processing Fees |

Candidate Name

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |

State: District:

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

Date of Disbursement

M M / D D / Y Y Y Y
11 24 2014

Transaction ID : B23D0019-458F-4142-8

Amount of Each Disbursement this Period

| Age Group | Percentage |
|-----------|------------|
| 18-24 | 1.81 |
| 25-34 | 1.75 |
| 35-44 | 1.70 |
| 45-54 | 1.65 |
| 55-64 | 1.60 |
| 65-74 | 1.55 |
| 75-84 | 1.50 |
| 85+ | 1.45 |

Full Name (Last, First, Middle Initial)

C. Intuit

Mailing Address 2632 Marine Way

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| Mountain View | CA | 94042 |

| Purpose of Disbursement | Credit Card Processing Fees |
|-------------------------|-----------------------------|
| | |

Candidate Name

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : B4BB5D13-2C16-4B49-9

Amount of Each Disbursement this Period

| Response | Percentage |
|----------|------------|
| Yes | 48 |
| No | 52 |

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2272.41

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 320

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 20 | | 2014 |

Transaction ID : BC446E5D-B858-43C7-A

Amount of Each Disbursement this Period

| |
|------|
| 0.48 |
|------|

Full Name (Last, First, Middle Initial)

B. Martha C Luke

Mailing Address 345 S Club Ave

City St. Gabriel State LA Zip Code 70776

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 19 | | 2014 |

Transaction ID : D4B04F8F-328C-4401-9

Amount of Each Disbursement this Period

| |
|-------|
| 24.40 |
|-------|

Full Name (Last, First, Middle Initial)

C. DC Unemployment Services

Mailing Address 501 C St. NW #501

City Washington State DC Zip Code 20001

Purpose of Disbursement
Taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 21 | | 2014 |

Transaction ID : D94692A5-1D9F-4744-B

Amount of Each Disbursement this Period

| |
|------|
| 1.60 |
|------|

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|-------|
| 26.48 |
|-------|

| |
|--|
| |
|--|

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 320

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. IRS

Mailing Address IRS

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement
Taxes

Candidate Name

001

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2014
Transaction ID : E140281E-F89F-40E8-9

Amount of Each Disbursement this Period

110.66

Full Name (Last, First, Middle Initial)

B. Beene Office Park, LLCMailing Address 2250 Hospital Drive
Suite 220

City Bossier City State LA Zip Code 71111

Purpose of Disbursement
Rent

Candidate Name

001

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2014
Transaction ID : E610576D-BA82-4560-B

Amount of Each Disbursement this Period

455.50

Full Name (Last, First, Middle Initial)

C. Andresen Blom

Mailing Address 101 Asbury Ct.

City Winchester State VA Zip Code 22602

Purpose of Disbursement
Consulting

Candidate Name

001

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2014
Transaction ID : EA74CC9A-D9B4-4D52-9

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5566.16

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 OF 320

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Trace Strategies, LLC

Mailing Address 11104 Westpoint Court

City Little Rock State AR Zip Code 72211

Purpose of Disbursement
Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 19 / 2014

Transaction ID : F4850855-05A0-4E58-A

Amount of Each Disbursement this Period

3443.71

B. IRS

Mailing Address IRS

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement
Taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : F549F0B3-86A4-4115-B

Amount of Each Disbursement this Period

1453.11

C. Activist Manager

Mailing Address PO Box 601

City Great Falls State VA Zip Code 22066

Purpose of Disbursement
Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : FA6AC11A-E059-45E5-8

Amount of Each Disbursement this Period

3087.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7983.82

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

25967.46

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 31 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-----------------------------|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Virginia T Grant | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Mailing Address 134 Shore Crest Circle | | Amount 20.00 | |
| City Carriere | State MS | Zip Code 39426 | Transaction ID : 9b14e229-e223-487a-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Virginia T Grant | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Mailing Address 134 Shore Crest Circle | | Amount 4.20 | |
| City Carriere | State MS | Zip Code 39426 | Transaction ID : 7ba5e56c-0b43-4033-8 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 24.20 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 32 OF 320
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|----------------------|---|--|---------------------------------------|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Amanda Boley | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 11 / 17 / 2014 | | |
| Mailing Address Split Oak Drive | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">80.00</div> | | |
| City charlotte | | State NC | Zip Code 28227 | | Transaction ID : 2eef6dd0-3b87-4f6c-9 |
| Purpose of Expenditure Salary | | Category/Type 001 | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 11 / 17 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Amanda Boley | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 11 / 17 / 2014 | | |
| Mailing Address Split Oak Drive | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">19.02</div> | | |
| City charlotte | | State NC | Zip Code 28227 | | Transaction ID : 0ef58d5c-8dcc-429e-9 |
| Purpose of Expenditure Mileage | | Category/Type 002 | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 11 / 17 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">99.02</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 33 OF 320
FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|--|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div> | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Carla K Pilgreen | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 17 / 2014</div> | | |
| Mailing Address 212 Stonecliff Dr | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">30.00</div> | | |
| City West Monro | | State LA | Zip Code 71291 | | Transaction ID : f139e70f-cda6-4f73-9 |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 17 / 2014</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Carla K Pilgreen | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 17 / 2014</div> | | |
| Mailing Address 212 Stonecliff Dr | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">6.00</div> | | |
| City West Monro | | State LA | Zip Code 71291 | | Transaction ID : 82f8d5c6-06c3-4c99-b |
| Purpose of Expenditure Mileage | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 17 / 2014</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">36.00</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature Ms. Emily Buchanan | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div> | | |
| [Electronically Filed] | | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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|--|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Regina R Mouton | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 17 / 2014 | |
| Mailing Address 5827 Brighton Pl | | Amount 21.50 | |
| City New Orleans | State LA | Zip Code 70131 | Transaction ID : 53bbdc13-582e-487f-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 17 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Regina R Mouton | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 17 / 2014 | |
| Mailing Address 5827 Brighton Pl | | Amount 3.30 | |
| City New Orleans | State LA | Zip Code 70131 | Transaction ID : 2df3bec2-852e-44d4-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 17 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 24.80 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 35 OF 320
FOR LINE 24 OF FORM 3X

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Christopher Marquess | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Mailing Address 110 W Pecan St | | Amount 55.00 | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : d9f61822-2a41-44c5-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Christopher Marquess | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Mailing Address 110 W Pecan St | | Amount 36.00 | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : f56fb2dc-c74a-449d-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 91.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

| | | | |
|---|--|---|---|
| Full Name of Payee Gary W Fuhrmann | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 17 / 2014 | |
| Mailing Address 9425 Jessica Drive | | Amount 7.50 | |
| City Shreveport | State LA | Zip Code 71106 | Transaction ID : c9f0c1c5-60b5-4122-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 17 / 2014 |
| Purpose of Expenditure Mileage | Category/ Type 002 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | District: 00 State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | |
|---|----------|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 37 OF 320
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|---|-----------------------------|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Laura U Logie | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Mailing Address 2565 Shire Circle | | Amount 40.00 | |
| City Harrisonburg | State VA | Zip Code 22801 | Transaction ID : f3932ca4-0422-4be0-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Lesley Lennox | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Mailing Address 2305 Cleary Ave | | Amount 12.50 | |
| City Metairie | State LA | Zip Code 70001 | Transaction ID : 8192a80e-9fc8-42a1-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 52.50 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 38 OF 320
FOR LINE 24 OF FORM 3X

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|---|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div> | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> | | | | | |
| Full Name of Payee Lesley Lennox | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 11 / 17 / 2014 | | |
| Mailing Address 2305 Cleary Ave | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">1.50</div> | | |
| City State Zip Code Metairie LA 70001 | | Transaction ID : 55c16141-f37c-424a-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 11 / 17 / 2014 | | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Tammay Williams | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 11 / 17 / 2014 | | |
| Mailing Address 924 N. Prieur St | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">60.00</div> | | |
| City State Zip Code New Orleans LA 70116 | | Transaction ID : 6702fcd5-7e86-47d6-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 11 / 17 / 2014 | | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px;">61.50</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 05 / 18 / 2015 | | |
| [Electronically Filed] | | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 39 OF 320
FOR LINE 24 OF FORM 3X

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|--|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|---|-----------------------------|---|
| Full Name of Payee Tammy Williams | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 17 / 2014 |
| Mailing Address 924 N. Prieur St | | Amount 15.00 |
| City New Orleans | State LA | Zip Code 70116 |
| Purpose of Expenditure Mileage | Category/Type 002 | Transaction ID : 9d99c983-5fcf-4020-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 17 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | | |
|---|-----------------------------|---|
| Full Name of Payee Antoinette Franklin | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 17 / 2014 |
| Mailing Address 8822 Apple St | | Amount 30.00 |
| City New Orleans | State LA | Zip Code 70188 |
| Purpose of Expenditure Salary | Category/Type 001 | Transaction ID : 73281243-1c5d-407a-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 17 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 45.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 40 OF 320
FOR LINE 24 OF FORM 3X

| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ C C00530766 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | |

| | | | |
|---|--------------------|---|--|
| Full Name of Payee Antoinette Franklin | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 17 / 2014 | |
| Mailing Address 8822 Apple St | | Amount 9.00 | |
| City New Orleans | State LA | Zip Code 70188 | Transaction ID : 6734d3ad-b81f-4453-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 |
| Purpose of Expenditure Mileage | | Category/ Type 002 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | |

| | | | |
|---|--------------------|---|--|
| Full Name of Payee Francis Richardson | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 17 / 2014 | |
| Mailing Address 220 Doucet Rd | | Amount 30.00 | |
| City Lafayette | State LA | Zip Code 70503 | Transaction ID : 4a105b39-09a2-4f62-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 |
| Purpose of Expenditure Salary | | Category/ Type 001 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 39.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

M M / D D / Y Y Y Y
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|-------------|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Francis Richardson | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | | |
| Mailing Address 220 Doucet Rd | | | Amount 0.63 | | |
| City Lafayette | State LA | Zip Code 70503 | Transaction ID : 0ecf2723-35dd-4476-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Sheri J Peace | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | | |
| Mailing Address 9685 Paula St | | | Amount 75.00 | | |
| City Keithville | State LA | Zip Code 71047 | Transaction ID : 6cd9fa6a-2660-4f26-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 75.63 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 42 OF 320
 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|---|---|--|---------------------------------------|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Sheri J Peace | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | | |
| Mailing Address 9685 Paula St | | | Amount 14.40 | | |
| City Keithville | | State LA | Zip Code 71047 | | Transaction ID : 852c2294-11ba-4003-8 |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Felicia A Jones | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | | |
| Mailing Address 4106 Martha St | | | Amount 80.00 | | |
| City Shreveport | | State LA | Zip Code 71109 | | Transaction ID : f68dd5de-4df1-4b61-a |
| Purpose of Expenditure Salary | | Category/ Type 001 | | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 94.40 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 43 OF 320
 FOR LINE 24 OF FORM 3X

| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> </div> </div> | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Felicia A Jones | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 11 17 2014 </div> </div> | |
| Mailing Address 4106 Martha St | | Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> 10.50 </div> </div> | |
| City Shreveport | State LA | Zip Code 71109 | Transaction ID : ab5dd95f-39da-4a64-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 11 17 2014 </div> </div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> 554635.78 </div> </div> | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Cynthia J Christmas | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 11 17 2014 </div> </div> | |
| Mailing Address 1731 Frenchmen St | | Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> 80.00 </div> </div> | |
| City New Orleans | State LA | Zip Code 70116 | Transaction ID : 45665842-ffc0-4ede-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 11 17 2014 </div> </div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> 554635.78 </div> </div> | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <div style="display: flex; justify-content: space-between;"> 90.50 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | <div style="display: flex; justify-content: space-between;"> </div> |
| (c) TOTAL Independent Expenditures.....▶ | <div style="display: flex; justify-content: space-between;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M
D D D
Y Y Y Y Y Y

05
18
2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 44 OF 320
 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--------------------|--|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Cynthia J Christmas | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">17</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Mailing Address 1731 Frenchmen St | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10.50</div> | | |
| City New Orleans | State LA | Zip Code 70116 | Transaction ID : 2bda7e4a-b4e7-4edf-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">17</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Purpose of Expenditure Mileage | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Christopher L Gilbert | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">17</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Mailing Address 55 Lovell Johnson Rd | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">80.00</div> | | |
| City Picayune | State MS | Zip Code 39466 | Transaction ID : 7db6f2fb-1f56-40de-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">17</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Purpose of Expenditure Salary | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">90.50</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div> | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 45 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-----------------------------|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Christopher L Gilbert | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Mailing Address 55 Lovell Johnson Rd | | Amount 46.20 | |
| City Picayune | State MS | Zip Code 39466 | Transaction ID : e5c8edac-e997-4023-a |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Lilly Green | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Mailing Address 205 Medallion Circle | | Amount 80.00 | |
| City Shreveport | State LA | Zip Code 71119 | Transaction ID : c03f8e6d-9f23-4412-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 126.20 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y | | | | | |
| Full Name of Payee Lilly Green | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 17 / 2014 | | |
| Mailing Address 205 Medallion Circle | | | Amount 50.40 | | |
| City State Zip Code Shreveport LA 71119 | | Transaction ID : 8a9b63d1-b5e7-4ac2-a Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 17 / 2014 | | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Gregory Green | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 17 / 2014 | | |
| Mailing Address 2506 Bolch Street | | | Amount 80.00 | | |
| City State Zip Code Shreveport LA 71104 | | Transaction ID : c2319680-67c6-4383-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 17 / 2014 | | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 130.40 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M / D D / Y Y Y Y 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 47 OF 320
FOR LINE 24 OF FORM 3X

| | | | | | |
|--|-------------|---|--|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Gregory Green | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | | |
| Mailing Address 2506 Bolch Street | | | Amount 64.50 | | |
| City Shreveport | State LA | Zip Code 71104 | Transaction ID : e252f1a2-a5c0-4af0-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Zachary Vidrine | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | | |
| Mailing Address 202 Rue Des Cajun | | | Amount 65.00 | | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : 7a6998f9-fab2-49bf-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 129.50 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | [Electronically Filed] | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 48 OF 320
FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--------------------|--|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div> | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> | | | | | |
| Full Name of Payee Zachary Vidrine | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 11 / 17 / 2014 | | |
| Mailing Address 202 Rue Des Cajun | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 17.10 | | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : 42b05423-f148-4d99-a Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 11 / 17 / 2014 | | |
| Purpose of Expenditure Mileage | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px;"></div> 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Joshua J Huffman | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 11 / 17 / 2014 | | |
| Mailing Address 211 Dixie Ave | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 70.00 | | |
| City Harrisonburg | State VA | Zip Code 22801 | Transaction ID : 7c4ea002-263b-4b70-b Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 11 / 17 / 2014 | | |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px;"></div> 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 87.10 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> | | | Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 05 / 18 / 2015 | | |
| [Electronically Filed] | | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 49 OF 320
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | | |
|---|-------------------|--|---|
| Full Name of Payee Evelyn Lesaicherre | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 17 / 2014 | |
| Mailing Address 629 Radiance Ave | | Amount 80.00 | |
| City Metairie | State LA | Zip Code 70001 | Transaction ID : a7ef21b0-91ea-4b23-9 |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 17 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | | |
|---|-------------------|--|---|
| Full Name of Payee Evelyn Lesaicherre | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 17 / 2014 | |
| Mailing Address 629 Radiance Ave | | Amount 4.50 | |
| City Metairie | State LA | Zip Code 70001 | Transaction ID : 581078ae-36f3-4d92-a |
| Purpose of Expenditure Mileage | Category/ Type | 002 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 17 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | |
|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 84.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|-------------|---|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Jenny N Brown | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> 11 / 17 / 2014 | | |
| Mailing Address 1270 Lovelady Rd | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">40.00</div> | | |
| City West Monroe | State LA | Zip Code 71292 | Transaction ID : 46785a8b-7611-4bce-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> 11 / 17 / 2014 | | |
| Purpose of Expenditure Salary | | Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Jenny N Brown | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> 11 / 17 / 2014 | | |
| Mailing Address 1270 Lovelady Rd | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">7.50</div> | | |
| City West Monroe | State LA | Zip Code 71292 | Transaction ID : 989dbd45-a2c7-4840-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> 11 / 17 / 2014 | | |
| Purpose of Expenditure Mileage | | Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">47.50</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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|---|--------------------|--|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | | | | |
| Full Name of Payee Cynthia N Schmit | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">17</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | | |
| Mailing Address 2226 Taft Circle Apt 1 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">22.50</div> | | |
| City Winchester | State VA | Zip Code 22601 | Transaction ID : cc80eb82-a69b-434d-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">17</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | | |
| Purpose of Expenditure Salary | | Category/Type <div style="border: 1px solid black; padding: 2px;">001</div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Virginia T Grant | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">17</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | | |
| Mailing Address 134 Shore Crest Circle | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">40.00</div> | | |
| City Carriere | State MS | Zip Code 39426 | Transaction ID : 519f3da5-4c49-4fb1-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">17</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | | |
| Purpose of Expenditure Salary | | Category/Type <div style="border: 1px solid black; padding: 2px;">001</div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">62.50</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">05</div> <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">2015</div> </div> | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div> | |

| | | | |
|---|-------------|--|---|
| Full Name of Payee Virginia T Grant | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div> | |
| Mailing Address 134 Shore Crest Circle | | Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div> | |
| City Carriere | State MS | Zip Code 39426 | Transaction ID : 50e95738-9f33-414f-b Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div> |
| Purpose of Expenditure Mileage | | Category/Type 002 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | | | |
|---|-------------|--|---|
| Full Name of Payee ERIC TABARY | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div> | |
| Mailing Address 6101 NORA ST | | Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div> | |
| City METAIRIE | State LA | Zip Code 70003 | Transaction ID : 50a525d2-2e32-4012-8 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div> |
| Purpose of Expenditure Salary | | Category/Type 001 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 53 OF 320
FOR LINE 24 OF FORM 3X

| | | | | |
|---|--------------------|---|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee ERIC TABARY | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | | |
| Mailing Address 6101 NORA ST | | Amount 1.50 | | |
| City METAIRIE | State LA | Zip Code 70003 | Transaction ID : ed33df19-b9d1-487d-a | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Francesca Blom | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | | |
| Mailing Address 101 Asbury Ct | | Amount 90.00 | | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : 4e2acc58-e79c-4302-a | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 91.50 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | | |
| (c) TOTAL Independent Expenditures..... | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature Ms. Emily Buchanan | | Date 05 / 18 / 2015 | | |
| | | [Electronically Filed] | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 54 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-----------------------------|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Theresa a Youngblood | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Mailing Address 102 S Main Street Apt A2 | | Amount 80.00 | |
| City Berryville | State VA | Zip Code 22611 | Transaction ID : 99def949-713e-4f4e-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: House District: 00 LA | | State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Julia Perry | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Mailing Address 2046 Perrin St Apt C | | Amount 100.00 | |
| City Shreveport | State LA | Zip Code 71101 | Transaction ID : 2855c73a-e632-4d95-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: House District: 00 LA | | State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 180.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 55 OF 320
 FOR LINE 24 OF FORM 3X

| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-------------|--|---|
| Full Name of Payee Julia Perry | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 17 / 2014 | |
| Mailing Address 2046 Perrin St Apt C | | Amount 12.90 | |
| City Shreveport | State LA | Zip Code 71101 | Transaction ID : 4cb17c15-9e4b-4a9a-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 17 / 2014 |
| Purpose of Expenditure Mileage | | Category/Type 002 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | | |
|---|-------------|--|---|
| Full Name of Payee Carl Brent | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 17 / 2014 | |
| Mailing Address 6718 Lake Willow Dr | | Amount 80.00 | |
| City New Orleans | State LA | Zip Code 70126 | Transaction ID : a4611787-2221-4e58-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 17 / 2014 |
| Purpose of Expenditure Salary | | Category/Type 001 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | |
|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 92.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 56 OF 320
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|--|--|---|---------------------------------------|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Carl Brent | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | | |
| Mailing Address 6718 Lake Willow Dr | | | Amount 12.00 | | |
| City New Orleans | | State LA | Zip Code 70126 | | Transaction ID : 869fc139-b0de-4735-9 |
| Purpose of Expenditure Mileage | | Category/Type 002 | | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Michael Vidrine | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | | |
| Mailing Address 1103 West Wilson Street | | | Amount 80.00 | | |
| City Ville Platte | | State LA | Zip Code 70586 | | Transaction ID : deb2cca3-8ff7-4fde-8 |
| Purpose of Expenditure Salary | | Category/Type 001 | | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 92.00 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 57 OF 320
 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|--|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Michael Vidrine | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | | |
| Mailing Address 1103 West Wilson Street | | | Amount 30.90 | | |
| City State Zip Code Ville Platte LA 70586 | | Transaction ID : 8c52a14c-a217-488c-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | | | |
| Purpose of Expenditure Mileage | | Category/Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Jeanne Tribou | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | | |
| Mailing Address 22369 Ponderosa Dr. | | | Amount 40.00 | | |
| City State Zip Code Mandeville LA 70471 | | Transaction ID : ed870f42-6e8a-4361-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | | | |
| Purpose of Expenditure Salary | | Category/Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 70.90 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 58 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-------------------|---|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Jeanne Tribou | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Mailing Address 22369 Ponderosa Dr. | | Amount 6.90 | |
| City Mandeville | State LA | Zip Code 70471 | Transaction ID : 9d64e171-f66c-445e-b |
| Purpose of Expenditure Mileage | Category/ Type | 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> |
| Full Name of Payee Colton R Overcash | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Mailing Address 121 Ohara Dr | | Amount 95.00 | |
| City Salisbury | State NC | Zip Code 28147 | Transaction ID : 5d686bd9-6553-475d-a |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 101.90 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Ms. Emily Buchanan | | [Electronically Filed] | |
| Signature | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 59 OF 320
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|---|--|--|---------------------------------------|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y | | | | | |
| Full Name of Payee Colton R Overcash | | | Date of Public Distribution/Dissemination 11 / 17 / 2014 | | |
| Mailing Address 121 Ohara Dr | | | Amount 72.90 | | |
| City Salisbury | | State NC | Zip Code 28147 | | Transaction ID : 6768bb8a-c18d-4dee-8 |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | Date of Disbursement or Obligation 11 / 17 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Christine Stevens | | | Date of Public Distribution/Dissemination 11 / 17 / 2014 | | |
| Mailing Address 100 Asbury Ct | | | Amount 70.00 | | |
| City Winchester | | State VA | Zip Code 22602 | | Transaction ID : 10493cd5-82b6-4d62-9 |
| Purpose of Expenditure Salary | | Category/ Type 001 | | Date of Disbursement or Obligation 11 / 17 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 142.90 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 60 OF 320
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|---|-----------------------------|---|
| Full Name of Payee Jazmine d Conner | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 17 / 2014 |
| Mailing Address 100 ASBURY CT | | Amount 60.00 |
| City WINCHESTER | State VA | Zip Code 22602 |
| Purpose of Expenditure Salary | Category/Type 001 | Transaction ID : 67311cc0-15b0-4dfd-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 17 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | | |
|---|-----------------------------|---|
| Full Name of Payee Jon E Conner | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 17 / 2014 |
| Mailing Address 100 Asbury Ct | | Amount 60.00 |
| City Winchester | State VA | Zip Code 22602 |
| Purpose of Expenditure Salary | Category/Type 001 | Transaction ID : 5f5dd19e-780e-4f88-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 17 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | |
|---|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 120.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

 MM / DD / YYYY
05 / 18 / 2015

Signature

| | | | |
|---|--|--|---|
| Full Name of Payee Rodney O Culbreath | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 17 / 2014 | |
| Mailing Address 100 Asbury Ct | | Amount 70.00 | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : 7879ef91-c001-4e55-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 17 / 2014 |
| Purpose of Expenditure Salary | Category/ Type 001 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | District: 00 State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 554635.78 | Disbursement For: 2014 <input checked="" type="checkbox"/> Other (specify) ▶ | <input type="checkbox"/> Primary <input type="checkbox"/> General Runoff |

| | | | |
|---|--|--|---|
| Full Name of Payee Rodney D Culbreth | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 17 / 2014 | |
| Mailing Address 100 Asbury CT 3200 Dam Neck Rd | | Amount 70.00 | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : e123f00e-9d25-4186-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 17 / 2014 |
| Purpose of Expenditure Salary | Category/ Type 001 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | District: 00 State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 554635.78 | Disbursement For: 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | |
|--|---|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ➤ | 140.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ➤ | |
| (c) TOTAL Independent Expenditures..... | ➤ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 62 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-----------------------------|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Rze Culbreath | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Mailing Address 100 Asbury Ct | | Amount 70.00 | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : c1aa9ba3-02ec-4b34-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Michael B Fuhrmann | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Mailing Address 329 Columbia St | | Amount 30.00 | |
| City Shreveport | State LA | Zip Code 71104 | Transaction ID : f044b2d1-44f9-4931-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 100.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

| | | | |
|--|-------------|---|---|
| Full Name of Payee Timothy Foley | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 17 / 2014 | |
| Mailing Address 20679 Glenbrook Terrace | | Amount 15.00 | |
| City Sterling | State VA | Zip Code 20165 | Transaction ID : 1565c13f-a520-4a60-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 17 / 2014 |
| Purpose of Expenditure Salary | | Category/ Type 001 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | |
|--|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 19.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|-------------|--|---|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Hannah J Landry | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">17</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Mailing Address 1110 N Coolidge | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">100.00</div> | | |
| City Gonzales | State LA | Zip Code 70737 | Transaction ID : 6968fdd3-f2f6-434a-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">17</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Hannah J Landry | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">17</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Mailing Address 1110 N Coolidge | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">19.50</div> | | |
| City Gonzales | State LA | Zip Code 70737 | Transaction ID : 9accd929-4eb4-4e75-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">17</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">119.50</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | [Electronically Filed] | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div> | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 65 OF 320
 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|-------------|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Mary C Lee | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | | |
| Mailing Address 1030 N Coolidge Ave | | | Amount 100.00 | | |
| City Gonzales | State LA | Zip Code 70737 | Transaction ID : 16962c86-27ea-4f0e-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Mary C Lee | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | | |
| Mailing Address 1030 N Coolidge Ave | | | Amount 19.50 | | |
| City Gonzales | State LA | Zip Code 70737 | Transaction ID : b7384863-6341-481a-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 119.50 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 <i>[Electronically Filed]</i> | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 66 OF 320
FOR LINE 24 OF FORM 3X

| | | | | |
|---|-------------|---|---|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y | | | | |
| Full Name of Payee Heather Ainsworth | | | Date of Public Distribution/Dissemination 11 / 17 / 2014 | |
| Mailing Address 9685 Paula St | | | Amount 100.00 | |
| City Keithville | State LA | Zip Code 71047 | Transaction ID : fe9dfc1e-b6cc-4067-8 | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation 11 / 17 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | |
| Full Name of Payee Heather Ainsworth | | | Date of Public Distribution/Dissemination 11 / 17 / 2014 | |
| Mailing Address 9685 Paula St | | | Amount 15.60 | |
| City Keithville | State LA | Zip Code 71047 | Transaction ID : e01e83d9-203f-41d0-a | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation 11 / 17 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 115.60 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | [Electronically Filed] | | Date 05 / 18 / 2015 |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div> | |

| | | | |
|---|-------------------|--|--|
| Full Name of Payee Amanda Boley | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 18 / 2014 | |
| Mailing Address Split Oak Drive | | Amount 67.50 | |
| City charlotte | State NC | Zip Code 28227 | Transaction ID : b6073003-8fc0-41f7-b |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 18 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | | | |
|---|-------------------|--|--|
| Full Name of Payee Amanda Boley | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 18 / 2014 | |
| Mailing Address Split Oak Drive | | Amount 17.37 | |
| City charlotte | State NC | Zip Code 28227 | Transaction ID : 390bd59a-f375-4994-9 |
| Purpose of Expenditure Mileage | Category/ Type | 002 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 18 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | |
|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 84.87 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 68 OF 320
FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|--|---|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div> | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Joshua J Huffman | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 18 / 2014</div> | | |
| Mailing Address 211 Dixie Ave | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">62.50</div> | | |
| City Harrisonburg | | State VA | Zip Code 22801 | | Transaction ID : 6623a7d9-3453-47e5-8 |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 18 / 2014</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Antoinette Franklin | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 18 / 2014</div> | | |
| Mailing Address 8822 Apple St | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div> | | |
| City New Orleans | | State LA | Zip Code 70188 | | Transaction ID : d996caa3-6039-4910-b |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 18 / 2014</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">122.50</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature Ms. Emily Buchanan | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div> | | |
| | | | [Electronically Filed] | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Antoinette Franklin | | | Date of Public Distribution/Dissemination 11 / 18 / 2014 | | |
| Mailing Address 8822 Apple St | | | Amount 12.00 | | |
| City New Orleans | | State LA | Zip Code 70188 | | Transaction ID : ad279371-feb5-4663-8 |
| Purpose of Expenditure Mileage | | Category/Type 002 | | Date of Disbursement or Obligation 11 / 18 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Tammay Williams | | | Date of Public Distribution/Dissemination 11 / 18 / 2014 | | |
| Mailing Address 924 N. Prieur St | | | Amount 80.00 | | |
| City New Orleans | | State LA | Zip Code 70116 | | Transaction ID : 3296874a-99c7-47ec-a |
| Purpose of Expenditure Salary | | Category/Type 001 | | Date of Disbursement or Obligation 11 / 18 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 92.00 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 70 OF 320
FOR LINE 24 OF FORM 3X

| | | | | |
|--|--------------------|---|---|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | |
| Full Name of Payee Tammy Williams | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2014 | |
| Mailing Address 924 N. Prieur St | | | Amount 15.00 | |
| City New Orleans | State LA | Zip Code 70116 | Transaction ID : 4ef025f9-09e3-4865-a | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Francesca Blom | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 18 / 2014 | |
| Mailing Address 101 Asbury Ct | | | Amount 75.00 | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : 69d643d0-95de-4105-a | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 90.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | [Electronically Filed] | | Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015 |

| | | | |
|---|--|--|--|
| Full Name of Payee Noah J Smith | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 18 / 2014 | |
| Mailing Address 41174 Bertville Rd | | Amount 25.00 | |
| City Gonzales | State LA | Zip Code 70737 | Transaction ID : edc2187b-4ff7-4023-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 18 / 2014 |
| Purpose of Expenditure Salary | Category/ Type 001 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | District: 00 State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 554635.78 | Disbursement For: 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | |
|---|----------|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 72 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-----------------------------|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Christopher Marquess | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | |
| Mailing Address 110 W Pecan St | | Amount 50.00 | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : 8022696e-fc88-4934-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: District: 00 State: LA | | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Christopher Marquess | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | |
| Mailing Address 110 W Pecan St | | Amount 37.20 | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : 87b85ccb-5b85-4280-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: District: 00 State: LA | | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 87.20 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date 05 / 18 / 2015 | |
| [Electronically Filed] | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 73 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-----------------------------|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Christopher Marquess | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | |
| Mailing Address 110 W Pecan St | | Amount 50.00 | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : 75ce202f-d427-4b98-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: LA | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | 2014 | |
| Full Name of Payee Christopher Marquess | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | |
| Mailing Address 110 W Pecan St | | Amount 37.20 | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : 409d2c50-fa67-404e-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: LA | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | 2014 | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 87.20 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| [Electronically Filed] | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|--|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Donna S Wilson | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | | |
| Mailing Address 4456 Country Hill Dr | | | Amount 10.00 | | |
| City Baton Rouge | | State LA | Zip Code 70816 | | |
| Purpose of Expenditure Salary | | Category/Type 001 | | Transaction ID : ac0386eb-bef9-4f68-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Donna S Wilson | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | | |
| Mailing Address 4456 Country Hill Dr | | | Amount 7.20 | | |
| City Baton Rouge | | State LA | Zip Code 70816 | | |
| Purpose of Expenditure Mileage | | Category/Type 002 | | Transaction ID : 74885bd9-c4a5-44a2-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 17.20 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 75 OF 320
 FOR LINE 24 OF FORM 3X

| | |
|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|--------------------|---|---|
| Full Name of Payee Francis Richardson | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 18 / 2014 | |
| Mailing Address 220 Doucet Rd | | Amount <div style="border: 1px solid black; padding: 2px;">35.00</div> | |
| City Lafayette | State LA | Zip Code 70503 | Transaction ID : 078279d3-cd44-49ea-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 18 / 2014 |
| Purpose of Expenditure Salary | | Category/Type <div style="border: 1px solid black; padding: 2px;">001</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">554635.78</div> | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | | |
|--|--------------------|---|---|
| Full Name of Payee Francis Richardson | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 18 / 2014 | |
| Mailing Address 220 Doucet Rd | | Amount <div style="border: 1px solid black; padding: 2px;">0.81</div> | |
| City Lafayette | State LA | Zip Code 70503 | Transaction ID : 54b2e827-3946-42d2-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 18 / 2014 |
| Purpose of Expenditure Mileage | | Category/Type <div style="border: 1px solid black; padding: 2px;">002</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">554635.78</div> | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px;">35.81</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

 MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|--|---|---|---------------------------------------|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y | | | | | |
| Full Name of Payee Timothy Foley | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 19 / 2014 | | |
| Mailing Address 20679 Glenbrook Terrace | | | Amount 15.00 | | |
| City Sterling | | State VA | Zip Code 20165 | | Transaction ID : a34ce1c1-22fd-4b72-8 |
| Purpose of Expenditure Salary | | Category/Type 001 | | Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought | | | 554635.78 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Colton R Overcash | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 18 / 2014 | | |
| Mailing Address 121 Ohara Dr | | | Amount 96.00 | | |
| City Salisbury | | State NC | Zip Code 28147 | | Transaction ID : b9f8b1bf-d659-4b38-a |
| Purpose of Expenditure Salary | | Category/Type 001 | | Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 18 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought | | | 554635.78 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 111.00 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M / D D / Y Y Y Y 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|-------------|---|---|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Colton R Overcash | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 11 / 18 / 2014 | | |
| Mailing Address 121 Ohara Dr | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">65.70</div> | | |
| City Salisbury | State NC | Zip Code 28147 | Transaction ID : 5d33a7c3-15a5-46dc-8 | | |
| Purpose of Expenditure Mileage | | Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div> | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 11 / 18 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Felicia A Jones | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 11 / 19 / 2014 | | |
| Mailing Address 4106 Martha St | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">80.00</div> | | |
| City Shreveport | State LA | Zip Code 71109 | Transaction ID : 817f5da6-f8a8-4dc5-b | | |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div> | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 11 / 19 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">145.70</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | [Electronically Filed] | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 05 / 18 / 2015 | |

| | | | |
|--|-------------|---|---|
| Full Name of Payee Julia Perry | | Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>11 / 19 / 2014</div> </div> | |
| Mailing Address 2046 Perrin St Apt C | | Amount <div> <div>Amount</div> <div>100.00</div> </div> | |
| City Shreveport | State LA | Zip Code 71101 | Transaction ID : b8d973e8-5e6d-49a0-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>11 / 19 / 2014</div> </div> |
| Purpose of Expenditure Salary | | Category/ Type 001 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate |
| Calendar Year-To-Date Per Election for Office Sought <div> <div>Amount</div> <div>554635.78</div> </div> | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | |
|--|---|-------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | <div>108.40</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | <div></div> |
| (c) TOTAL Independent Expenditures..... | ▶ | <div></div> |

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|-------------|---|---|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Julia Perry | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Mailing Address 2046 Perrin St Apt C | | | Amount 10.50 | | |
| City Shreveport | State LA | Zip Code 71101 | Transaction ID : 2a6d7fa0-58dc-42e4-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Christopher L Gilbert | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | | |
| Mailing Address 55 Lovell Johnson Rd | | | Amount 80.00 | | |
| City Picayune | State MS | Zip Code 39466 | Transaction ID : e61a59eb-20fd-4317-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 90.50 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | [Electronically Filed] | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|-------------|---|---|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Christopher L Gilbert | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | | |
| Mailing Address 55 Lovell Johnson Rd | | | Amount 45.00 | | |
| City Picayune | State MS | Zip Code 39466 | Transaction ID : 5db6da3e-1f74-4af0-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Christine Stevens | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | | |
| Mailing Address 100 Asbury Ct | | | Amount 70.00 | | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : 4b0ab6d8-0ee4-4a81-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 115.00 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | [Electronically Filed] | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 81 OF 320
FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|-------------------|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div> | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Jon E Conner | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 18 / 2014</div> | | |
| Mailing Address 100 Asbury Ct | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">70.00</div> | | |
| City Winchester | | State VA | Zip Code 22602 | | Transaction ID : 0ff1fa74-338b-4b46-b |
| Purpose of Expenditure Salary | | Category/ Type | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 18 / 2014</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Rodney D Culbreth | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 18 / 2014</div> | | |
| Mailing Address 100 Asbury CT 3200 Dam Neck Rd | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">70.00</div> | | |
| City Winchester | | State VA | Zip Code 22602 | | Transaction ID : 49d8ee7d-0f1d-4a8e-b |
| Purpose of Expenditure Salary | | Category/ Type | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 18 / 2014</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">140.00</div> | | | | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature <i>Ms. Emily Buchanan</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 20%; text-align: center;"><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div></div></div> | | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 82 OF 320
FOR LINE 24 OF FORM 3X

| | | | | |
|--|--------------------|---|---|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | |
| Full Name of Payee Jazmine d Conner | | | Date of Public Distribution/Dissemination 11 / 18 / 2014 | |
| Mailing Address 100 ASBURY CT | | | Amount 70.00 | |
| City WINCHESTER | State VA | Zip Code 22602 | Transaction ID : e98dbe52-d463-40b7-8 | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation 11 / 18 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Rze Culbreath | | | Date of Public Distribution/Dissemination 11 / 18 / 2014 | |
| Mailing Address 100 Asbury Ct | | | Amount 70.00 | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : 59b39fe1-a7cb-4ebd-9 | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation 11 / 18 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 140.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | [Electronically Filed] | | Date 05 / 18 / 2015 |

| | | | |
|---|--|--|--|
| Full Name of Payee Rodney O Culbreath | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 18 / 2014 | |
| Mailing Address 100 Asbury Ct | | Amount 70.00 | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : 65a04e44-cd69-494e-9 |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 18 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | District: 00 State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 554635.78 | Disbursement For: 2014 <input checked="" type="checkbox"/> Other (specify) ▶ | <input type="checkbox"/> Primary <input type="checkbox"/> General Runoff |

| | | | |
|--|-------------|---|---|
| Full Name of Payee Alice K Salazar | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 18 / 2014 | |
| Mailing Address 605 W Houston St | | Amount 70.00 | |
| City Marshall | State TX | Zip Code 75633 | Transaction ID : 803475f4-f277-4e06-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 18 / 2014 |
| Purpose of Expenditure Salary | | Category/ Type 001 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | |
|--|---|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 140.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 84 OF 320
FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div> | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Alice K Salazar | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 18 / 2014</div> | | |
| Mailing Address 605 W Houston St | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">48.90</div> | | |
| City Marshall | | State TX | Zip Code 75633 | | Transaction ID : 0135de0e-0191-44f3-b |
| Purpose of Expenditure Mileage | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 18 / 2014</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u></div></div> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Jessica R Resendiz | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 18 / 2014</div> | | |
| Mailing Address 9685 Paula St | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">90.00</div> | | |
| City Keithville | | State LA | Zip Code 71047 | | Transaction ID : 8229d69a-0a32-416c-b |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 18 / 2014</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u></div></div> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">138.90</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div> | | |
| [Electronically Filed] | | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|-------------|---|---|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Jessica R Resendiz | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | | |
| Mailing Address 9685 Paula St | | | Amount 25.80 | | |
| City Keithville | State LA | Zip Code 71047 | Transaction ID : 197d7433-1ed5-483a-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Sheri J Peace | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | | |
| Mailing Address 9685 Paula St | | | Amount 90.00 | | |
| City Keithville | State LA | Zip Code 71047 | Transaction ID : 7c957ffd-22d2-4844-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 115.80 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | [Electronically Filed] | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |

| | | | |
|---|--|--|--|
| Full Name of Payee Carl Brent | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 18 / 2014 | |
| Mailing Address 6718 Lake Willow Dr | | Amount 80.00 | |
| City New Orleans | State LA | Zip Code 70126 | Transaction ID : 22f279b5-ebe9-481c-8 |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 18 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | District: 00 State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 554635.78 | Disbursement For: 2014 <input checked="" type="checkbox"/> Other (specify) ▶ | <input type="checkbox"/> Primary <input type="checkbox"/> General Runoff |

| | | |
|---|--|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 180.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | |
| (c) TOTAL Independent Expenditures..... | | |

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 87 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|--------------------|---|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Carl Brent | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | |
| Mailing Address 6718 Lake Willow Dr | | Amount 15.60 | |
| City New Orleans | State LA | Zip Code 70126 | Transaction ID : 70615535-1f4f-4a4e-8 |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Felicia A Jones | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | |
| Mailing Address 4106 Martha St | | Amount 80.00 | |
| City Shreveport | State LA | Zip Code 71109 | Transaction ID : cb8f1d4f-1e5b-4945-8 |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 95.60 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature <i>Ms. Emily Buchanan</i> | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 88 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|------------------------------|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Felicia A Jones | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | |
| Mailing Address 4106 Martha St | | Amount 8.40 | |
| City Shreveport | State LA | Zip Code 71109 | Transaction ID : 34cecbcd-6acb-4d91-b |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Gregory Green | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | |
| Mailing Address 2506 Bolch Street | | Amount 80.00 | |
| City Shreveport | State LA | Zip Code 71104 | Transaction ID : 3362366c-6bd2-4eb4-9 |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 88.40 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature <i>Ms. Emily Buchanan</i> | | Date 05 / 18 / 2015 | |
| [Electronically Filed] | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 89 OF 320
FOR LINE 24 OF FORM 3X

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Gregory Green | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | |
| Mailing Address 2506 Bolch Street | | Amount 43.20 | |
| City Shreveport | State LA | Zip Code 71104 | Transaction ID : b3141f3f-609d-4f70-a |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Lilly Green | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | |
| Mailing Address 205 Medallion Circle | | Amount 80.00 | |
| City Shreveport | State LA | Zip Code 71119 | Transaction ID : 4d532fa3-badf-4e2b-b |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 123.20 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date 05 / 18 / 2015 | |
| [Electronically Filed] | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 90 OF 320
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|---|-------------|---|--|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Lilly Green | | | Date of Public Distribution/Dissemination 11 / 18 / 2014 | | |
| Mailing Address 205 Medallion Circle | | | Amount 54.30 | | |
| City Shreveport | State LA | Zip Code 71119 | Transaction ID : 62f4410c-6c72-4d7f-b | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation 11 / 18 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Jeanne Tribou | | | Date of Public Distribution/Dissemination 11 / 18 / 2014 | | |
| Mailing Address 22369 Ponderosa Dr. | | | Amount 25.00 | | |
| City Mandeville | State LA | Zip Code 70471 | Transaction ID : aa9abab4-c79a-4cd4-a | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation 11 / 18 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 79.30 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | [Electronically Filed] | | Date 05 / 18 / 2015 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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|--|-------------|--|---|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Jeanne Tribou | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | | |
| Mailing Address 22369 Ponderosa Dr. | | | Amount 7.80 | | |
| City Mandeville | State LA | Zip Code 70471 | Transaction ID : 9c85cc03-f289-45c0-8 | | |
| Purpose of Expenditure Mileage | | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Cynthia N Schmit | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | | |
| Mailing Address 2226 Taft Circle Apt 1 | | | Amount 22.50 | | |
| City Winchester | State VA | Zip Code 22601 | Transaction ID : c4c36e8e-00d8-4c3e-a | | |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 30.30 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | [Electronically Filed] | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 92 OF 320
FOR LINE 24 OF FORM 3X

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|---|--------------------|---|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Cynthia J Christmas | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | | |
| Mailing Address 1731 Frenchmen St | | Amount 65.00 | | |
| City New Orleans | State LA | Zip Code 70116 | Transaction ID : 5b04a487-3b1a-4a5a-8 | |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Cynthia J Christmas | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | | |
| Mailing Address 1731 Frenchmen St | | Amount 12.00 | | |
| City New Orleans | State LA | Zip Code 70116 | Transaction ID : bd443ed8-383a-415e-b | |
| Purpose of Expenditure Mileage | | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 77.00 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | | |
| (c) TOTAL Independent Expenditures..... | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature Ms. Emily Buchanan | | [Electronically Filed] | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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|--|--|---|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Elvis Spears | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | | |
| Mailing Address 2150 Hope St | | | Amount 80.00 | | |
| City New Orleans | | State LA | Zip Code 70119 | | |
| Purpose of Expenditure Salary | | Category/Type 001 | | Transaction ID : d2b52d52-1f45-47bb-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Elvis Spears | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | | |
| Mailing Address 2150 Hope St | | | Amount 12.60 | | |
| City New Orleans | | State LA | Zip Code 70119 | | |
| Purpose of Expenditure Mileage | | Category/Type 002 | | Transaction ID : 1eb6247d-0184-4782-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 92.60 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Heather Ainsworth | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | | |
| Mailing Address 9685 Paula St | | | Amount 100.00 | | |
| City Keithville | State LA | Zip Code 71047 | Transaction ID : 44428f79-f546-455e-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Heather Ainsworth | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | | |
| Mailing Address 9685 Paula St | | | Amount 16.20 | | |
| City Keithville | State LA | Zip Code 71047 | Transaction ID : 77d1ac5a-eeac-48b8-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 116.20 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |
| [Electronically Filed] | | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 95 OF 320
FOR LINE 24 OF FORM 3X

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|---|--------------------|---|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee American Airlines | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Mailing Address PO Box 619616 MD 5675 | | Amount 244.20 | | |
| City DW Airport | State TX | Zip Code 75261 | Transaction ID : eba8fb66-cc8e-47b5-a | |
| Purpose of Expenditure Travel | | Category/Type 004 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Name of Federal Candidate Mr. Greg Orman | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS | |
| Calendar Year-To-Date Per Election for Office Sought | | 261541.03 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Orbitz | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Mailing Address 500 W Madison 1000 | | Amount 544.70 | | |
| City Chicago | State IL | Zip Code 60661 | Transaction ID : e9b56cf7-f8cc-4a91-9 | |
| Purpose of Expenditure Travel | | Category/Type 004 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Name of Federal Candidate Mr. Greg Orman | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS | |
| Calendar Year-To-Date Per Election for Office Sought | | 261541.03 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 788.90 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | | |
| (c) TOTAL Independent Expenditures..... | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |
| | | [Electronically Filed] | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 96 OF 320
FOR LINE 24 OF FORM 3X

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|---|--|--|---|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div> | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Orbitz | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 19 / 2014</div> | | |
| Mailing Address 500 W Madison 1000 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">544.70</div> | | |
| City Chicago | | State IL | Zip Code 60661 | | Transaction ID : 0e2a29e5-63f1-49e6-b |
| Purpose of Expenditure Travel | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 19 / 2014</div> | |
| Name of Federal Candidate Mr. Greg Orman | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">261541.03</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Delta | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 19 / 2014</div> | | |
| Mailing Address PO Box 20706 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">789.20</div> | | |
| City Atlanta | | State GA | Zip Code 30320 | | Transaction ID : 266938ad-e29b-4c06-a |
| Purpose of Expenditure Travel | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 19 / 2014</div> | |
| Name of Federal Candidate Mr. Greg Orman | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">261541.03</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1333.90</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div> | | |
| [Electronically Filed] | | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 97 OF 320
 FOR LINE 24 OF FORM 3X

| | | | |
|--|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y . . . / . . . / </div> | |

| | | | |
|---|-------------|--|---|
| Full Name of Payee United Airlines | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 </div> | |
| Mailing Address PO Box 66100 | | Amount <div style="border: 1px solid black; padding: 2px;"> 598.20 </div> | |
| City Chicago | State IL | Zip Code 60666 | Transaction ID : ca43f31e-22a0-457c-a |
| Purpose of Expenditure Travel | | Category/Type 004 | Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 </div> |
| Name of Federal Candidate Mr. Greg Orman | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px;"> 261541.03 </div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ Runoff |

| | | | |
|---|-------------|--|---|
| Full Name of Payee United Airlines | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 </div> | |
| Mailing Address PO Box 66100 | | Amount <div style="border: 1px solid black; padding: 2px;"> 155.10 </div> | |
| City Chicago | State IL | Zip Code 60666 | Transaction ID : 6e0423e0-5600-4bc1-b |
| Purpose of Expenditure Travel | | Category/Type 004 | Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 </div> |
| Name of Federal Candidate Mr. Greg Orman | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px;"> 261541.03 </div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ Runoff |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px;"> 753.30 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | <div style="border: 1px solid black; padding: 2px;"> </div> |
| (c) TOTAL Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|-------------|--|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Enterprise | | | Date of Public Distribution/Dissemination 11 / 19 / 2014 | | |
| Mailing Address 600 Corporate Park Dr | | | Amount 3759.80 | | |
| City St Louis | State MO | Zip Code 63105 | Transaction ID : 89318e7c-dd5c-4a2d-9 | | |
| Purpose of Expenditure Travel | | Category/Type 004 | Date of Disbursement or Obligation 11 / 19 / 2014 | | |
| Name of Federal Candidate Mr. Greg Orman | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS | | |
| Calendar Year-To-Date Per Election for Office Sought 261541.03 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Enterprise | | | Date of Public Distribution/Dissemination 11 / 19 / 2014 | | |
| Mailing Address 600 Corporate Park Dr | | | Amount 3615.41 | | |
| City St Louis | State MO | Zip Code 63105 | Transaction ID : 5f6bbd71-9095-4f4f-b | | |
| Purpose of Expenditure Travel | | Category/Type 004 | Date of Disbursement or Obligation 11 / 19 / 2014 | | |
| Name of Federal Candidate Mr. Mark L Pryor | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | | |
| Calendar Year-To-Date Per Election for Office Sought 292370.62 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 7375.21 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--------------------|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Zachary Vidrine | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | | |
| Mailing Address 202 Rue Des Cajun | | | Amount 70.00 | | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : de0b5c75-6659-457a-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Zachary Vidrine | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | | |
| Mailing Address 202 Rue Des Cajun | | | Amount 18.90 | | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : bfed14a7-9a28-4668-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 88.90 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 100 OF 320
 FOR LINE 24 OF FORM 3X

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|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|--------------------|---|---|
| Full Name of Payee Krista J Smith | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014 | |
| Mailing Address 41176 Bertville Rd | | Amount 25.00 | |
| City Gonzales | State LA | Zip Code 70737 | Transaction ID : 2fc10540-1ba3-4328-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014 |
| Purpose of Expenditure Salary | | Category/Type 001 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | | |
|--|--------------------|---|---|
| Full Name of Payee Krista J Smith | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014 | |
| Mailing Address 41176 Bertville Rd | | Amount 4.74 | |
| City Gonzales | State LA | Zip Code 70737 | Transaction ID : 089319d2-60ee-402f-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014 |
| Purpose of Expenditure Mileage | | Category/Type 002 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 29.74 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

 MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--------------------|--|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Lilly Green | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Mailing Address 205 Medallion Circle | | | Amount 40.00 | | |
| City Shreveport | State LA | Zip Code 71119 | Transaction ID : 6df38875-9e93-462e-9 | | |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Lilly Green | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Mailing Address 205 Medallion Circle | | | Amount 50.10 | | |
| City Shreveport | State LA | Zip Code 71119 | Transaction ID : e430e533-4c15-402b-8 | | |
| Purpose of Expenditure Mileage | | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 90.10 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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|---|-------------|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y | | | | | |
| Full Name of Payee Laura U Logie | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 19 / 2014 | | |
| Mailing Address 2565 Shire Circle | | | Amount 20.00 | | |
| City Harrisonburg | State VA | Zip Code 22801 | Transaction ID : bdada3ea-3990-4889-a Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 19 / 2014 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Carla K Pilgreen | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 19 / 2014 | | |
| Mailing Address 212 Stonecliff Dr | | | Amount 35.00 | | |
| City West Monro | State LA | Zip Code 71291 | Transaction ID : 729b1b0a-bf63-4205-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 19 / 2014 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 55.00 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M / D D / Y Y Y Y 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 103 OF 320
 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|--|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Carla K Pilgreen | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Mailing Address 212 Stonecliff Dr | | | Amount 6.90 | | |
| City West Monro | | State LA | Zip Code 71291 | | |
| Purpose of Expenditure Mileage | | Category/Type 002 | | Transaction ID : 498afd91-03ec-49a0-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Bobbie M Steinsholt | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Mailing Address 3009 Skelly St | | | Amount 10.00 | | |
| City Shreveport | | State LA | Zip Code 71107 | | |
| Purpose of Expenditure Salary | | Category/Type 001 | | Transaction ID : ab7d65ae-b8cf-4017-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 16.90 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 104 OF 320
 FOR LINE 24 OF FORM 3X

| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div> | |

| | | | |
|---|-----------------------|---|---------------------------------------|
| Full Name of Payee Jenny N Brown | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014 | |
| Mailing Address 1270 Lovelady Rd | | Amount 40.00 | |
| City West Monroe | State LA | Zip Code 71292 | Transaction ID : b383f66c-b0d7-4483-8 |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | | |
|---|-----------------------|---|---------------------------------------|
| Full Name of Payee Jenny N Brown | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014 | |
| Mailing Address 1270 Lovelady Rd | | Amount 7.50 | |
| City West Monroe | State LA | Zip Code 71292 | Transaction ID : 0edf8571-c04c-496f-a |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | |
|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 47.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 105 OF 320
 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|-------------|---|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Maegan E McDaniel | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Mailing Address 3009 Skelly St | | | Amount 10.00 | | |
| City Shreveport | State LA | Zip Code 71107 | Transaction ID : ebd190dc-e962-4698-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Maegan E McDaniel | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Mailing Address 3009 Skelly St | | | Amount 3.90 | | |
| City Shreveport | State LA | Zip Code 71107 | Transaction ID : 3cdc6158-9566-4569-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 13.90 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

| | | | |
|---|--|--|--|
| Full Name of Payee Susan K Hamby | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014 | |
| Mailing Address 202 Violet St | | Amount 0.45 | |
| City West Monroe | State LA | Zip Code 71292 | Transaction ID : 9fbcea36-8908-4f1f-8 |
| Purpose of Expenditure Mileage | Category/ Type | 002 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | District: 00 State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 554635.78 | Disbursement For: 2014 <input checked="" type="checkbox"/> Other (specify) ▶ | <input type="checkbox"/> Primary <input type="checkbox"/> General Runoff |

| | | |
|--|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 20.45 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 107 OF 320
 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|--|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Jeanne Tribou | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Mailing Address 22369 Ponderosa Dr. | | | Amount 40.00 | | |
| City Mandeville | | State LA | Zip Code 70471 | | Transaction ID : b2b57eb9-962f-400d-8 |
| Purpose of Expenditure Salary | | Category/Type 001 | | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Jeanne Tribou | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Mailing Address 22369 Ponderosa Dr. | | | Amount 5.70 | | |
| City Mandeville | | State LA | Zip Code 70471 | | Transaction ID : 123d9114-d263-446e-b |
| Purpose of Expenditure Mileage | | Category/Type 002 | | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 45.70 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 108 OF 320
 FOR LINE 24 OF FORM 3X

| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Amanda Boley | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014 | |
| Mailing Address Split Oak Drive | | Amount 81.50 | |
| City charlotte | State NC | Zip Code 28227 | Transaction ID : 98afe913-8017-4ba1-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Amanda Boley | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014 | |
| Mailing Address Split Oak Drive | | Amount 23.61 | |
| City charlotte | State NC | Zip Code 28227 | Transaction ID : 1fb7e4ab-76f9-4156-8 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | |

| | |
|---|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 105.11 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 109 OF 320
FOR LINE 24 OF FORM 3X

| | | | | | |
|--|-------------|---|---|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Gregory Green | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Mailing Address 2506 Bolch Street | | | Amount 40.00 | | |
| City Shreveport | State LA | Zip Code 71104 | Transaction ID : e84da8b8-8e90-4054-9 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Gregory Green | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Mailing Address 2506 Bolch Street | | | Amount 17.10 | | |
| City Shreveport | State LA | Zip Code 71104 | Transaction ID : 18789041-d721-439e-8 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 57.10 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature Ms. Emily Buchanan | | [Electronically Filed] | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 110 OF 320
 FOR LINE 24 OF FORM 3X

| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div> | |

| | | | | | |
|---|-------------|--|--|--|--|
| Full Name of Payee Sheri J Peace | | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014 | | |
| Mailing Address 9685 Paula St | | | Amount 95.00 | | |
| City Keithville | State LA | Zip Code 71047 | Transaction ID : 0f36fd53-84ea-4f34-a | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |

| | | | | | |
|---|-------------|--|--|--|--|
| Full Name of Payee Sheri J Peace | | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014 | | |
| Mailing Address 9685 Paula St | | | Amount 16.80 | | |
| City Keithville | State LA | Zip Code 71047 | Transaction ID : 270cf308-d310-4b16-b | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |

| | |
|--|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 111.80 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 111 OF 320
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y | | | | | |
| Full Name of Payee Beau Autin | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 19 / 2014 | | |
| Mailing Address 345 Auroura Ave | | | Amount 35.00 | | |
| City State Zip Code Metairie LA 70006 | | Transaction ID : b007ffe1-6fd9-41b2-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 19 / 2014 | | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Beau Autin | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 19 / 2014 | | |
| Mailing Address 345 Auroura Ave | | | Amount 1.11 | | |
| City State Zip Code Metairie LA 70006 | | Transaction ID : 40c361d0-4d19-4ab3-b Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 19 / 2014 | | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 36.11 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> | | | Date M M / D D / Y Y Y Y 05 / 18 / 2015 | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 112 OF 320
 FOR LINE 24 OF FORM 3X

| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | |

| | | | | | |
|---|--------------------|--|--|--|--|
| Full Name of Payee Alice K Salazar | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 19 / 2014 </div> | | |
| Mailing Address 605 W Houston St | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 80.00 </div> | | |
| City Marshall | State TX | Zip Code 75633 | Transaction ID : c59f4a75-641c-4bdb-9 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 19 / 2014 </div> | | |
| Purpose of Expenditure Salary | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 001 </div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 554635.78 </div> | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |

| | | | | | |
|---|--------------------|--|--|--|--|
| Full Name of Payee Alice K Salazar | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 19 / 2014 </div> | | |
| Mailing Address 605 W Houston St | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 50.40 </div> | | |
| City Marshall | State TX | Zip Code 75633 | Transaction ID : 562be618-689d-4235-8 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 19 / 2014 </div> | | |
| Purpose of Expenditure Mileage | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 002 </div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 554635.78 </div> | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 130.40 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 130.40 </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 113 OF 320
 FOR LINE 24 OF FORM 3X

| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|----------------------|---|---------------------------------------|
| Full Name of Payee Julia Perry | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014 | |
| Mailing Address 2046 Perrin St Apt C | | Amount 80.00 | |
| City Shreveport | State LA | Zip Code 71101 | Transaction ID : b9b51457-7230-46b3-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | | |
|---|----------------------|---|---------------------------------------|
| Full Name of Payee Julia Perry | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014 | |
| Mailing Address 2046 Perrin St Apt C | | Amount 7.50 | |
| City Shreveport | State LA | Zip Code 71101 | Transaction ID : a8885d64-6917-455d-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | |
|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 87.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
05 / 18 / 2015

Signature

| | | | |
|---|-------------|---|--|
| Full Name of Payee Jessica R Resendiz | | Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>11 / 19 / 2014</div> </div> | |
| Mailing Address 9685 Paula St | | Amount <div> <div>26.10</div> </div> | |
| City Keithville | State LA | Zip Code 71047 | Transaction ID : aa138cf9-bce1-4de9-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>11 / 19 / 2014</div> </div> |
| Purpose of Expenditure Mileage | | Category/ Type 002 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | <div> <div>554635.78</div> </div> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | | |
|---|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | <div style="border: 1px solid black; padding: 5px; width: 200px;">126.10</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | <div style="border: 1px solid black; height: 30px;"></div> |
| (c) TOTAL Independent Expenditures..... | ▶ | <div style="border: 1px solid black; height: 30px;"></div> |

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 115 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-----------------------------|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Ana L Esquivel | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Mailing Address 284 Cr 1401 | | Amount 60.00 | |
| City Carthage | State TX | Zip Code 75633 | Transaction ID : d1439af9-3af3-42f9-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Hilary Townsend | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Mailing Address 4506 US Hwy 79 North | | Amount 60.00 | |
| City Deberry | State TX | Zip Code 75639 | Transaction ID : 9d9b85e3-ce40-4a54-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 120.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 116 OF 320
 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|--|---|--|---------------------------------------|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Heather Ainsworth | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Mailing Address 9685 Paula St | | | Amount 110.00 | | |
| City Keithville | | State LA | Zip Code 71047 | | Transaction ID : 394d6fd7-c309-4558-b |
| Purpose of Expenditure Salary | | Category/Type 001 | | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Heather Ainsworth | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Mailing Address 9685 Paula St | | | Amount 49.80 | | |
| City Keithville | | State LA | Zip Code 71047 | | Transaction ID : 618762ab-442f-4288-b |
| Purpose of Expenditure Mileage | | Category/Type 002 | | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 159.80 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|-------------|--------------------------|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">M M M / D D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Taylor De Julian-Hernandez | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">11 / 19 / 2014</div> | | |
| Mailing Address 284 Cr 1401 | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">60.00</div> | | |
| City Carthage | State TX | Zip Code 75633 | Transaction ID : 73ed2f8f-747f-40be-8 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">11 / 19 / 2014</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Taylor De Julian-Hernandez | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">11 / 19 / 2014</div> | | |
| Mailing Address 284 Cr 1401 | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">43.80</div> | | |
| City Carthage | State TX | Zip Code 75633 | Transaction ID : 878cf3ab-883f-4c63-9 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">11 / 19 / 2014</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px;">103.80</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">05 / 18 / 2015</div> | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 118 OF 320
 FOR LINE 24 OF FORM 3X

| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div> | |

| | | | |
|---|-----------------------|---|---------------------------------------|
| Full Name of Payee Lesley Lennox | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014 | |
| Mailing Address 2305 Cleary Ave | | Amount 20.00 | |
| City Metairie | State LA | Zip Code 70001 | Transaction ID : 1b5e6121-4878-40ec-a |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | | |
|---|-----------------------|---|---------------------------------------|
| Full Name of Payee Lesley Lennox | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014 | |
| Mailing Address 2305 Cleary Ave | | Amount 1.20 | |
| City Metairie | State LA | Zip Code 70001 | Transaction ID : ec41b26f-f85a-4864-a |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | |
|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 21.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 119 OF 320
 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--------------------|--|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Gary W Fuhrmann | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Mailing Address 9425 Jessica Drive | | | Amount 47.50 | | |
| City Shreveport | State LA | Zip Code 71106 | Transaction ID : d5c66a2f-f1c2-45ec-9 | | |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Gary W Fuhrmann | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Mailing Address 9425 Jessica Drive | | | Amount 9.60 | | |
| City Shreveport | State LA | Zip Code 71106 | Transaction ID : b972a626-18f1-41b6-a | | |
| Purpose of Expenditure Mileage | | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 57.10 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 120 OF 320
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--------------------|--|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Laura U Logie | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 11 / 19 / 2014 | | |
| Mailing Address 2565 Shire Circle | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">35.00</div> | | |
| City Harrisonburg | State VA | Zip Code 22801 | Transaction ID : ed77a3aa-bced-43c1-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 11 / 19 / 2014 | | |
| Purpose of Expenditure Salary | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Donavon Fusilier | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 11 / 19 / 2014 | | |
| Mailing Address 155 Chauffpied Elmer Rd Lot 19 | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">25.00</div> | | |
| City Marksville | State LA | Zip Code 71351 | Transaction ID : c207162c-5d25-4a1d-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 11 / 19 / 2014 | | |
| Purpose of Expenditure Salary | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">60.00</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 121 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-----------------------------|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Donavon Fusilier | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Mailing Address 155 Chauffpied Elmer Rd Lot 19 | | Amount 8.43 | |
| City Marksville | State LA | Zip Code 71351 | Transaction ID : e10ad50a-534c-4dc5-8 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Christopher L Gilbert | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Mailing Address 55 Lovell Johnson Rd | | Amount 80.00 | |
| City Picayune | State MS | Zip Code 39466 | Transaction ID : 0fe95509-9b07-4698-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 88.43 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 122 OF 320
 FOR LINE 24 OF FORM 3X

| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> </div> </div> | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee Christopher L Gilbert | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 11 19 2014 </div> </div> | |
| Mailing Address 55 Lovell Johnson Rd | | | Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> 44.40 </div> </div> | |
| City Picayune | State MS | Zip Code 39466 | Transaction ID : e0935820-8366-4d6c-b | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 11 19 2014 </div> </div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> 554635.78 </div> </div> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee Felicia A Jones | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 11 19 2014 </div> </div> | |
| Mailing Address 4106 Martha St | | | Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> 80.00 </div> </div> | |
| City Shreveport | State LA | Zip Code 71109 | Transaction ID : f122f11c-b704-475c-b | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 11 19 2014 </div> </div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> 554635.78 </div> </div> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> 124.40 </div> </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> </div> </div> |
| (c) TOTAL Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> </div> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M
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05
18
2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 123 OF 320
 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|--|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Felicia A Jones | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Mailing Address 4106 Martha St | | | Amount 11.10 | | |
| City Shreveport | | State LA | Zip Code 71109 | | Transaction ID : ac257667-c0ae-4b86-9 |
| Purpose of Expenditure Mileage | | Category/Type 002 | | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Tammy Williams | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Mailing Address 924 N. Prieur St | | | Amount 80.00 | | |
| City New Orleans | | State LA | Zip Code 70116 | | Transaction ID : ba4be977-1dcd-4fbb-9 |
| Purpose of Expenditure Salary | | Category/Type 001 | | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 91.10 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 124 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|--------------------|---|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Tammy Williams | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Mailing Address 924 N. Prieur St | | Amount 15.00 | |
| City New Orleans | State LA | Zip Code 70116 | Transaction ID : 838f5939-0487-43ba-9 |
| Purpose of Expenditure Mileage | | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Antoinette Franklin | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Mailing Address 8822 Apple St | | Amount 60.00 | |
| City New Orleans | State LA | Zip Code 70188 | Transaction ID : bd0b2b5f-4866-496c-8 |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 75.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 125 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-----------------------------|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Antoinette Franklin | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Mailing Address 8822 Apple St | | Amount 12.00 | |
| City New Orleans | State LA | Zip Code 70188 | Transaction ID : e854d49f-1bac-42bf-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Cynthia N Schmit | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Mailing Address 2226 Taft Circle Apt 1 | | Amount 30.00 | |
| City Winchester | State VA | Zip Code 22601 | Transaction ID : c7b4691a-e052-45a6-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 42.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| [Electronically Filed] | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 126 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-----------------------------|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Zachary Vidrine | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Mailing Address 202 Rue Des Cajun | | Amount 30.00 | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : 6c8f7265-1930-4a4c-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Zachary Vidrine | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Mailing Address 202 Rue Des Cajun | | Amount 17.10 | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : 5a30d74a-e00e-4ccd-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 47.10 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|-------------|--|---|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Joshua J Huffman | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">19</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Mailing Address 211 Dixie Ave | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">55.00</div> | | |
| City Harrisonburg | State VA | Zip Code 22801 | Transaction ID : 3c275085-f806-47ba-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">19</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Stephanie L Heun | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">19</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Mailing Address 8026 S Wilwood Dr Apt 101 | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10.00</div> | | |
| City Oak Creek | State WI | Zip Code 53154 | Transaction ID : 56d7167a-463d-46ca-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">19</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">65.00</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | [Electronically Filed] | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div> | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 128 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|--------------------|---|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Jennifer F Gilbert | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Mailing Address 180 McNeil Steep Hollow Rd | | Amount 67.50 | |
| City Carriere | State MS | Zip Code 39426 | Transaction ID : 7e59fc97-f9ea-4a89-b |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Jennifer F Gilbert | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Mailing Address 180 McNeil Steep Hollow Rd | | Amount 41.40 | |
| City Carriere | State MS | Zip Code 39426 | Transaction ID : aeb04024-3876-4c4c-9 |
| Purpose of Expenditure Mileage | | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 108.90 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 129 OF 320
 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|-------------|---|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Hannah J Landry | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Mailing Address 1110 N Coolidge | | | Amount 70.00 | | |
| City Gonzales | State LA | Zip Code 70737 | Transaction ID : a157c676-151e-4250-a | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Hannah J Landry | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Mailing Address 1110 N Coolidge | | | Amount 21.09 | | |
| City Gonzales | State LA | Zip Code 70737 | Transaction ID : 5de2c40e-3e08-4a77-a | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 91.09 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 130 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-----------------------------|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Mary C Lee | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Mailing Address 1030 N Coolidge Ave | | Amount 70.00 | |
| City Gonzales | State LA | Zip Code 70737 | Transaction ID : c6f4cf20-6e4f-4ccd-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: District: 00 State: LA | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | 2014 | |
| Full Name of Payee Mary C Lee | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Mailing Address 1030 N Coolidge Ave | | Amount 21.09 | |
| City Gonzales | State LA | Zip Code 70737 | Transaction ID : c170c421-928e-40d4-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: District: 00 State: LA | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | 2014 | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 91.09 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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|--|-------------|--|---|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Theresa a Youngblood | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">19</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Mailing Address 102 S Main Street Apt A2 | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">35.00</div> | | |
| City Berryville | State VA | Zip Code 22611 | Transaction ID : 10dbc516-2281-48d8-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">19</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Evelyn Lesaicherre | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">19</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Mailing Address 629 Radiance Ave | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">80.00</div> | | |
| City Metairie | State LA | Zip Code 70001 | Transaction ID : 03f1cad7-95d1-4e43-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">19</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">115.00</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | [Electronically Filed] | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div> | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 132 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|------------------------------|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Evelyn Lesaicherre | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Mailing Address 629 Radiance Ave | | Amount 3.60 | |
| City Metairie | State LA | Zip Code 70001 | Transaction ID : 7ad054a1-fbc5-4431-a |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Brogan A Benoit | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Mailing Address 7144 South River Rd | | Amount 60.00 | |
| City Addis | State LA | Zip Code 70710 | Transaction ID : 17ed1cad-8a3e-4fb1-8 |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 63.60 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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|--|--|--|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Brogan A Benoit | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Mailing Address 7144 South River Rd | | | Amount 6.30 | | |
| City Addis | | State LA | Zip Code 70710 | | Transaction ID : 812c6e23-067d-48e9-9 |
| Purpose of Expenditure Mileage | | Category/Type 002 | | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Michael Vidrine | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Mailing Address 1103 West Wilson Street | | | Amount 75.00 | | |
| City Ville Platte | | State LA | Zip Code 70586 | | Transaction ID : 3279104b-d3ae-449a-8 |
| Purpose of Expenditure Salary | | Category/Type 001 | | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 81.30 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 134 OF 320
FOR LINE 24 OF FORM 3X

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|---|------------------------------|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Michael Vidrine | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Mailing Address 1103 West Wilson Street | | Amount 22.20 | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : e6aa84f9-1aaa-496b-b |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: LA | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | 2014 | |
| Full Name of Payee Carl Brent | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Mailing Address 6718 Lake Willow Dr | | Amount 80.00 | |
| City New Orleans | State LA | Zip Code 70126 | Transaction ID : 6b4f4f6e-b73e-411d-8 |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: LA | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | 2014 | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 102.20 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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|--|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> </div> </div> | |

| | | | |
|---|-------------|---|--|
| Full Name of Payee Carl Brent | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 11 19 2014 </div> </div> | |
| Mailing Address 6718 Lake Willow Dr | | Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> 12.60 </div> </div> | |
| City New Orleans | State LA | Zip Code 70126 | Transaction ID : 8aed296e-206b-4fe9-a Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 11 19 2014 </div> </div> |
| Purpose of Expenditure Mileage | | Category/ Type 002 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> 554635.78 </div> </div> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | | | |
|---|-------------|---|--|
| Full Name of Payee Christine Stevens | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 11 19 2014 </div> </div> | |
| Mailing Address 100 Asbury Ct | | Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> 70.00 </div> </div> | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : 543752fd-941d-4503-b Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 11 19 2014 </div> </div> |
| Purpose of Expenditure Salary | | Category/ Type 001 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> 554635.78 </div> </div> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> 82.60 </div> </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> </div> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> </div> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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Y Y Y Y Y Y

05
18
2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 136 OF 320
FOR LINE 24 OF FORM 3X

| | | | | |
|--|--|---|---|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | |
| Full Name of Payee Jazmine d Conner | | | Date of Public Distribution/Dissemination 11 / 19 / 2014 | |
| Mailing Address 100 ASBURY CT | | | Amount 70.00 | |
| City WINCHESTER State VA Zip Code 22602 | | Transaction ID : 12941d59-e7bd-4e08-a | | |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Jon E Conner | | | Date of Public Distribution/Dissemination 11 / 19 / 2014 | |
| Mailing Address 100 Asbury Ct | | | Amount 70.00 | |
| City Winchester State VA Zip Code 22602 | | Transaction ID : 6c4cd450-f739-44c6-9 | | |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation 11 / 19 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 140.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature <u>Ms. Emily Buchanan</u> | | [Electronically Filed] | | Date 05 / 18 / 2015 |

| | | | |
|---|--|--|---|
| Full Name of Payee Rze Culbreath | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014 | |
| Mailing Address 100 Asbury Ct | | Amount 70.00 | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : 25a14d1c-b02a-4766-9 |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | District: 00 State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | | |
|--|---|-------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | <div>140.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | <div></div> |
| (c) TOTAL Independent Expenditures..... | ▶ | <div></div> |

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|---|----------------------|--|
| Full Name of Payee Christopher Marquess | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014 |
| Mailing Address 110 W Pecan St | | Amount 50.00 |
| City Ville Platte | State LA | Zip Code 70586 |
| Purpose of Expenditure Salary | Category/Type 001 | Transaction ID : c976a732-f212-4e60-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | | |
|---|----------------------|--|
| Full Name of Payee Christopher Marquess | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014 |
| Mailing Address 110 W Pecan St | | Amount 32.40 |
| City Ville Platte | State LA | Zip Code 70586 |
| Purpose of Expenditure Mileage | Category/Type 002 | Transaction ID : 7cd8ce74-0e89-4293-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | |
|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 82.40 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 139 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|--------------------|---|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Cathy Longtin | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Mailing Address 827 Navavre Ave | | Amount 85.00 | |
| City New Orleans | State LA | Zip Code 70124 | Transaction ID : 1417964c-0938-4c11-8 |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Cathy Longtin | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | |
| Mailing Address 827 Navavre Ave | | Amount 9.90 | |
| City New Orleans | State LA | Zip Code 70124 | Transaction ID : 46e311dc-edbd-4c75-a |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 94.90 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature <i>Ms. Emily Buchanan</i> | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|-------------|---|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Colton R Overcash | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Mailing Address 121 Ohara Dr | | | Amount 94.00 | | |
| City Salisbury | State NC | Zip Code 28147 | Transaction ID : 0b269fbb-958e-4023-b | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Colton R Overcash | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Mailing Address 121 Ohara Dr | | | Amount 61.80 | | |
| City Salisbury | State NC | Zip Code 28147 | Transaction ID : 89c861db-63b3-455a-b | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 155.80 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

| | | | |
|---|--|--|---|
| Full Name of Payee Elvis Spears | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014 | |
| Mailing Address 2150 Hope St | | Amount 6.30 | |
| City New Orleans | State LA | Zip Code 70119 | Transaction ID : 3dbfd972-035c-4673-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014 |
| Purpose of Expenditure Mileage | Category/ Type 002 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | District: 00 State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 554635.78 | Disbursement For: 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | |
|--|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 86.30 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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| | | | | | |
|--|--|---|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Hannah J Landry | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 1110 N Coolidge | | | Amount 40.00 | | |
| City Gonzales | | State LA | Zip Code 70737 | | |
| Purpose of Expenditure Salary | | Category/Type 001 | | Transaction ID : 84606fcd-ab90-4e6c-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Hannah J Landry | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 1110 N Coolidge | | | Amount 6.33 | | |
| City Gonzales | | State LA | Zip Code 70737 | | |
| Purpose of Expenditure Mileage | | Category/Type 002 | | Transaction ID : 6fa7adba-51c1-4775-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 46.33 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 143 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-----------------------------|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Mary C Lee | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Mailing Address 1030 N Coolidge Ave | | Amount 40.00 | |
| City Gonzales | State LA | Zip Code 70737 | Transaction ID : 8d6c0bce-3aa8-4c5c-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Mary C Lee | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Mailing Address 1030 N Coolidge Ave | | Amount 6.33 | |
| City Gonzales | State LA | Zip Code 70737 | Transaction ID : dfcb67a3-3c6f-4460-8 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 46.33 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature <i>Ms. Emily Buchanan</i> | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--------------------|--|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Theresa a Youngblood | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> 11 / 20 / 2014 | | |
| Mailing Address 102 S Main Street Apt A2 | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">25.00</div> | | |
| City Berryville | State VA | Zip Code 22611 | Transaction ID : 7e4050c9-2f1e-4fc3-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> 11 / 20 / 2014 | | |
| Purpose of Expenditure Salary | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Lilly Green | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> 11 / 20 / 2014 | | |
| Mailing Address 205 Medallion Circle | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">40.00</div> | | |
| City Shreveport | State LA | Zip Code 71119 | Transaction ID : 1088350f-0d14-4221-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> 11 / 20 / 2014 | | |
| Purpose of Expenditure Salary | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">65.00</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 145 OF 320
FOR LINE 24 OF FORM 3X

| | | | | |
|---|-------------|---|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y | | | | |
| Full Name of Payee Lilly Green | | | Date of Public Distribution/Dissemination 11 / 20 / 2014 | |
| Mailing Address 205 Medallion Circle | | | Amount 54.00 | |
| City Shreveport | State LA | Zip Code 71119 | Transaction ID : 32589fa4-0f04-4e44-b | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Stephanie L Heun | | | Date of Public Distribution/Dissemination 11 / 20 / 2014 | |
| Mailing Address 8026 S Wilwood Dr Apt 101 | | | Amount 20.00 | |
| City Oak Creek | State WI | Zip Code 53154 | Transaction ID : 1a29ee51-2d32-4c3a-b | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 74.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | [Electronically Filed] | | Date 05 / 18 / 2015 |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|--|--|---|---------------------------------------|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y | | | | | |
| Full Name of Payee Jenny N Brown | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 1270 Lovelady Rd | | | Amount 40.00 | | |
| City West Monroe | | State LA | Zip Code 71292 | | Transaction ID : fbb1b6f3-b5eb-452b-8 |
| Purpose of Expenditure Salary | | Category/Type 001 | | Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Jenny N Brown | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 1270 Lovelady Rd | | | Amount 12.00 | | |
| City West Monroe | | State LA | Zip Code 71292 | | Transaction ID : b0be7ce7-2ed5-4a9f-8 |
| Purpose of Expenditure Mileage | | Category/Type 002 | | Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 52.00 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M / D D / Y Y Y Y 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--------------------|--|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Cathy Longtin | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Mailing Address 827 Navavre Ave | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">45.00</div> | | |
| City New Orleans | State LA | Zip Code 70124 | Transaction ID : f46d1742-9190-43e2-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Purpose of Expenditure Salary | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Cathy Longtin | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Mailing Address 827 Navavre Ave | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">6.30</div> | | |
| City New Orleans | State LA | Zip Code 70124 | Transaction ID : e55b5afd-b909-4fcd-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Purpose of Expenditure Mileage | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">51.30</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div> | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Tammy Williams | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 20 / 2014 | |
| Mailing Address 924 N. Prieur St | | Amount 80.00 | |
| City New Orleans | State LA | Zip Code 70116 | Transaction ID : 29d8d5ab-03b0-4e76-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Tammy Williams | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 20 / 2014 | |
| Mailing Address 924 N. Prieur St | | Amount 15.00 | |
| City New Orleans | State LA | Zip Code 70116 | Transaction ID : 9bde1731-db80-4c3c-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 95.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|-------------|---|---|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Antoinette Franklin | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 8822 Apple St | | | Amount 60.00 | | |
| City New Orleans | State LA | Zip Code 70188 | Transaction ID : bfde7ab6-5bb7-4660-9 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Antoinette Franklin | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 8822 Apple St | | | Amount 12.00 | | |
| City New Orleans | State LA | Zip Code 70188 | Transaction ID : 5b4e1188-fb05-4a02-a | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 72.00 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | [Electronically Filed] | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 150 OF 320
FOR LINE 24 OF FORM 3X

| | | | | |
|---|-------------|---|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Heather A Smith | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 995 Clairborne Rd | | Amount 10.00 | | |
| City Calhoun | State LA | Zip Code 71225 | Transaction ID : b8d29e25-01f0-40ab-a | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Gary W Fuhrmann | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 9425 Jessica Drive | | Amount 52.50 | | |
| City Shreveport | State LA | Zip Code 71106 | Transaction ID : 4a9a39d0-46b7-48ac-8 | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 62.50 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | | |
| (c) TOTAL Independent Expenditures..... | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 151 OF 320
FOR LINE 24 OF FORM 3X

| | | | | |
|---|--------------------|---|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Gary W Fuhrmann | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 9425 Jessica Drive | | Amount 8.40 | | |
| City Shreveport | State LA | Zip Code 71106 | Transaction ID : 03ba77f5-86fc-408b-a | |
| Purpose of Expenditure Mileage | | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Eva M Johnston | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 2517 N 47th St | | Amount 10.00 | | |
| City Milwaukee | State WI | Zip Code 53210 | Transaction ID : e0dd9853-03b9-4876-b | |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 18.40 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | | |
| (c) TOTAL Independent Expenditures..... | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature Ms. Emily Buchanan | | [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

| | | | |
|---|--|--|--|
| Full Name of Payee Maegan E McDaniel | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 20 / 2014 | |
| Mailing Address 3009 Skelly St | | Amount 40.00 | |
| City Shreveport | State LA | Zip Code 71107 | Transaction ID : dcbe1661-c2c3-45b6-a |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 20 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | District: 00 State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 554635.78 | Disbursement For: 2014 <input checked="" type="checkbox"/> Other (specify) ▶ | <input type="checkbox"/> Primary <input type="checkbox"/> General Runoff |

| | | | | | |
|--|-------------|---|---|--|--|
| Full Name of Payee Maegan E McDaniel | | | Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>11 / 20 / 2014</div> </div> | | |
| Mailing Address 3009 Skelly St | | | Amount <div> <div>13.50</div> </div> | | |
| City Shreveport | State LA | Zip Code 71107 | Transaction ID : 8ebe2201-25d9-440b-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>11 / 20 / 2014</div> </div> | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | |
| Calendar Year-To-Date Per Election for Office Sought <div> <div>554635.78</div> </div> | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | | |
| | | | District: 00 State: LA | | |

| | | |
|--|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 53.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 153 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-----------------------------|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY | |
| Full Name of Payee Bobbie M Steinsolt | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 20 / 2014 | |
| Mailing Address 3009 Skelly St | | Amount 40.00 | |
| City Shreveport | State LA | Zip Code 71107 | Transaction ID : 50509e72-7a2d-4aca-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: LA | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | 2014 | |
| Full Name of Payee John K Necaie III | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 20 / 2014 | |
| Mailing Address 1905 Franklin Ave | | Amount 40.00 | |
| City New Orleans | State LA | Zip Code 70117 | Transaction ID : ce993370-26e3-478a-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: LA | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | 2014 | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 80.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date MM / DD / YYYY 05 / 18 / 2015 | |
| [Electronically Filed] | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|-------------|--|---|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee John K Necaise III | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 1905 Franklin Ave | | | Amount 9.84 | | |
| City New Orleans | State LA | Zip Code 70117 | Transaction ID : 1709c7db-e7aa-4a39-b | | |
| Purpose of Expenditure Mileage | | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Janet Morris | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 620 Old Barbome Rd Lot 2 | | | Amount 12.50 | | |
| City West Monroe | State LA | Zip Code 71291 | Transaction ID : 88ad587e-6c99-4e85-9 | | |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 22.34 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | [Electronically Filed] | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 155 OF 320
FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|---|--|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div> | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Janet Morris | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> <div style="display: inline-block; width: 40px; text-align: center;">11</div> / <div style="display: inline-block; width: 40px; text-align: center;">20</div> / <div style="display: inline-block; width: 80px; text-align: center;">2014</div> | | |
| Mailing Address 620 Old Barbome Rd Lot 2 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">3.72</div> | | |
| City West Monroe | | State LA | Zip Code 71291 | | Transaction ID : 55744270-4df6-48f2-8 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> <div style="display: inline-block; width: 40px; text-align: center;">11</div> / <div style="display: inline-block; width: 40px; text-align: center;">20</div> / <div style="display: inline-block; width: 80px; text-align: center;">2014</div> |
| Purpose of Expenditure Mileage | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">002</div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Amanda Boley | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> <div style="display: inline-block; width: 40px; text-align: center;">11</div> / <div style="display: inline-block; width: 40px; text-align: center;">20</div> / <div style="display: inline-block; width: 80px; text-align: center;">2014</div> | | |
| Mailing Address Split Oak Drive | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">81.50</div> | | |
| City charlotte | | State NC | Zip Code 28227 | | Transaction ID : 24f13988-b93d-4305-8 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> <div style="display: inline-block; width: 40px; text-align: center;">11</div> / <div style="display: inline-block; width: 40px; text-align: center;">20</div> / <div style="display: inline-block; width: 80px; text-align: center;">2014</div> |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">001</div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">85.22</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Signature <i>Ms. Emily Buchanan</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 20%; text-align: center;"><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> <div style="display: inline-block; width: 40px; text-align: center;">05</div> / <div style="display: inline-block; width: 40px; text-align: center;">18</div> / <div style="display: inline-block; width: 80px; text-align: center;">2015</div></div></div> | | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 156 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-------------------|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Amanda Boley | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Mailing Address Split Oak Drive | | Amount 23.19 | |
| City charlotte | State NC | Zip Code 28227 | Transaction ID : 0792fbe2-bb67-43cb-9 |
| Purpose of Expenditure Mileage | Category/ Type | 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Heather Ainsworth | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Mailing Address 9685 Paula St | | Amount 90.00 | |
| City Keithville | State LA | Zip Code 71047 | Transaction ID : 2446e9da-58c7-489f-8 |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 113.19 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Ms. Emily Buchanan | | [Electronically Filed] | |
| Signature | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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|--|--|---|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Heather Ainsworth | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 9685 Paula St | | | Amount 22.80 | | |
| City Keithville | | State LA | Zip Code 71047 | | Transaction ID : 44f67fbd-999a-48be-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee ERIC TABARY | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 6101 NORA ST | | | Amount 65.00 | | |
| City METAIRIE | | State LA | Zip Code 70003 | | Transaction ID : acd447ea-0dbb-4f54-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 87.80 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y . . . / . . . / </div> | |

| | | | | | |
|---|-------------|---|--|--|--|
| Full Name of Payee ERIC TABARY | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 </div> | | |
| Mailing Address 6101 NORA ST | | | Amount <div style="border: 1px solid black; padding: 2px;"> 2.40 </div> | | |
| City METAIRIE | State LA | Zip Code 70003 | Transaction ID : 93128bb2-33d6-4b39-9 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 </div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px;"> 554635.78 </div> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |

| | | | | | |
|---|-------------|---|--|--|--|
| Full Name of Payee Gregory Green | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 </div> | | |
| Mailing Address 2506 Bolch Street | | | Amount <div style="border: 1px solid black; padding: 2px;"> 40.00 </div> | | |
| City Shreveport | State LA | Zip Code 71104 | Transaction ID : 016d4ee8-53c6-4395-9 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 </div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px;"> 554635.78 </div> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |

| | |
|---|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px;"> 42.40 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 159 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|--------------------|---|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Gregory Green | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Mailing Address 2506 Bolch Street | | Amount 55.20 | |
| City Shreveport | State LA | Zip Code 71104 | Transaction ID : 2ee8471b-799d-46ed-8 |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Laura U Logie | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Mailing Address 2565 Shire Circle | | Amount 35.00 | |
| City Harrisonburg | State VA | Zip Code 22801 | Transaction ID : 2704fdd1-823f-4d3b-b |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 90.20 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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|--|--------------------|--|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Felicia A Jones | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Mailing Address 4106 Martha St | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">80.00</div> | | |
| City Shreveport | State LA | Zip Code 71109 | Transaction ID : f7ea4a6c-9cbe-427e-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Purpose of Expenditure Salary | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Felicia A Jones | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Mailing Address 4106 Martha St | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">9.60</div> | | |
| City Shreveport | State LA | Zip Code 71109 | Transaction ID : 44c10542-bab4-48a6-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Purpose of Expenditure Mileage | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">89.60</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div> | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--------------------|--|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Beau Autin | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Mailing Address 345 Auroura Ave | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">45.00</div> | | |
| City Metairie | State LA | Zip Code 70006 | Transaction ID : f51acbb8-beaf-4b05-8 | | |
| Purpose of Expenditure Salary | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div> | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> President | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Beau Autin | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Mailing Address 345 Auroura Ave | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1.71</div> | | |
| City Metairie | State LA | Zip Code 70006 | Transaction ID : 13e33188-076d-40b9-9 | | |
| Purpose of Expenditure Mileage | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div> | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> President | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">46.71</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div> | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div> | |

| | | | |
|---|-------------|--|--|
| Full Name of Payee Brogan A Benoit | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 18 / 2014 | |
| Mailing Address 7144 South River Rd | | Amount 60.00 | |
| City Addis | State LA | Zip Code 70710 | Transaction ID : b246c241-9363-4d19-8 |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 18 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | | | |
|---|-------------|--|--|
| Full Name of Payee Brogan A Benoit | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 18 / 2014 | |
| Mailing Address 7144 South River Rd | | Amount 6.90 | |
| City Addis | State LA | Zip Code 70710 | Transaction ID : ea94033a-e234-4055-8 |
| Purpose of Expenditure Mileage | | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 18 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | |
|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 66.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|--|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Eva M Johnston | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | | |
| Mailing Address 2517 N 47th St | | | Amount 15.00 | | |
| City Milwaukee | | State WI | Zip Code 53210 | | Transaction ID : db438013-18a2-44ae-b |
| Purpose of Expenditure Salary | | Category/Type 001 | | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Evelyn Lesaicherre | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | | |
| Mailing Address 629 Radiance Ave | | | Amount 80.00 | | |
| City Metairie | | State LA | Zip Code 70001 | | Transaction ID : 5f21a2a1-dd87-4534-a |
| Purpose of Expenditure Salary | | Category/Type 001 | | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 95.00 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 164 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|--------------------|---|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Evelyn Lesaicherre | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Mailing Address 629 Radiance Ave | | Amount 3.60 | |
| City Metairie | State LA | Zip Code 70001 | Transaction ID : 429e1cbe-9c7c-436b-8 |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |
| Full Name of Payee ERIC TABARY | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 | |
| Mailing Address 6101 NORA ST | | Amount 70.00 | |
| City METAIRIE | State LA | Zip Code 70003 | Transaction ID : 493b48af-8740-4563-a |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 73.60 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date 05 / 18 / 2015 [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 165 OF 320
FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div> | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee ERIC TABARY | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 17 / 2014</div> | | |
| Mailing Address 6101 NORA ST | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1.50</div> | | |
| City METAIRIE | | State LA | Zip Code 70003 | | Transaction ID : a2c10a53-e38c-456f-b |
| Purpose of Expenditure Mileage | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 17 / 2014</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA</div></div> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Julia Perry | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 20 / 2014</div> | | |
| Mailing Address 2046 Perrin St Apt C | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div> | | |
| City Shreveport | | State LA | Zip Code 71101 | | Transaction ID : 83c887ee-78e0-471a-b |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 20 / 2014</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA</div></div> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">81.50</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div> | | |
| [Electronically Filed] | | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 166 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|------------------------------|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Julia Perry | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Mailing Address 2046 Perrin St Apt C | | Amount 9.00 | |
| City Shreveport | State LA | Zip Code 71101 | Transaction ID : 3372030e-e32f-4332-a |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Donna S Wilson | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Mailing Address 4456 Country Hill Dr | | Amount 20.00 | |
| City Baton Rouge | State LA | Zip Code 70816 | Transaction ID : ee4ed106-7956-4511-8 |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 29.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--------------------|--|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Donna S Wilson | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 4456 Country Hill Dr | | | Amount 7.80 | | |
| City Baton Rouge | State LA | Zip Code 70816 | Transaction ID : af04833d-f8d5-4e7b-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Purpose of Expenditure Mileage | | Category/Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Christopher L Gilbert | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 55 Lovell Johnson Rd | | | Amount 70.00 | | |
| City Picayune | State MS | Zip Code 39466 | Transaction ID : 44f1b3fd-76a7-43cb-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Purpose of Expenditure Salary | | Category/Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 77.80 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|----------------------|--|---|---------------------------------------|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y | | | | | |
| Full Name of Payee Christopher L Gilbert | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 55 Lovell Johnson Rd | | | Amount 42.60 | | |
| City Picayune | | State MS | Zip Code 39466 | | Transaction ID : 4a6dfdd6-cbe0-4bc8-8 |
| Purpose of Expenditure Mileage | | Category/Type 002 | | Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Elvis Spears | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 2150 Hope St | | | Amount 80.00 | | |
| City New Orleans | | State LA | Zip Code 70119 | | Transaction ID : 7484d660-8254-47e9-b |
| Purpose of Expenditure Salary | | Category/Type 001 | | Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 122.60 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M / D D / Y Y Y Y 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 169 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-----------------------------|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Elvis Spears | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Mailing Address 2150 Hope St | | Amount 9.60 | |
| City New Orleans | State LA | Zip Code 70119 | Transaction ID : a2752ca0-3f34-4e66-8 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Alice K Salazar | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Mailing Address 605 W Houston St | | Amount 90.00 | |
| City Marshall | State TX | Zip Code 75633 | Transaction ID : 6d346d4b-d596-4434-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 99.60 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 170 OF 320
FOR LINE 24 OF FORM 3X

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|---|--|--|---|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div> | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Alice K Salazar | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 20 / 2014</div> | | |
| Mailing Address 605 W Houston St | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">51.60</div> | | |
| City Marshall | | State TX | Zip Code 75633 | | Transaction ID : df425a9f-8469-4a5b-8 |
| Purpose of Expenditure Mileage | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 20 / 2014</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Ana L Esquivel | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 20 / 2014</div> | | |
| Mailing Address 284 Cr 1401 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div> | | |
| City Carthage | | State TX | Zip Code 75633 | | Transaction ID : 4e8cb6eb-0bc1-4abb-b |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 20 / 2014</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">151.60</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div> | | |
| [Electronically Filed] | | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 171 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|------------------------------|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Ana L Esquivel | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Mailing Address 284 Cr 1401 | | Amount 69.00 | |
| City Carthage | State TX | Zip Code 75633 | Transaction ID : 52de2189-dd17-4682-9 |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Jennifer F Gilbert | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Mailing Address 180 McNeil Steep Hollow Rd | | Amount 77.50 | |
| City Carriere | State MS | Zip Code 39426 | Transaction ID : b1eec914-7e65-4bcf-b |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 146.50 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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|--|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|---|------------------------------|--|
| Full Name of Payee Jennifer F Gilbert | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 20 / 2014 |
| Mailing Address 180 McNeil Steep Hollow Rd | | Amount 41.70 |
| City Carriere | State MS | Zip Code 39426 |
| Purpose of Expenditure Mileage | Category/ Type 002 | Transaction ID : ca3d5398-8afb-4874-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 20 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>LA</u> |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |
| | | 554635.78 |

| | | |
|---|------------------------------|--|
| Full Name of Payee Hilary Townsend | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 20 / 2014 |
| Mailing Address 4506 US Hwy 79 North | | Amount 100.00 |
| City Deberry | State TX | Zip Code 75639 |
| Purpose of Expenditure Salary | Category/ Type 001 | Transaction ID : 64d754d2-2005-4ab2-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 20 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>LA</u> |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |
| | | 554635.78 |

| | |
|---|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 141.70 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 173 OF 320
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|--|--|---|---------------------------------------|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y | | | | | |
| Full Name of Payee Evelyn Lesaicherre | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 629 Radiance Ave | | | Amount 80.00 | | |
| City Metairie | | State LA | Zip Code 70001 | | Transaction ID : 7db41675-e3ef-44e0-8 |
| Purpose of Expenditure Salary | | Category/Type 001 | | Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Evelyn Lesaicherre | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 629 Radiance Ave | | | Amount 5.10 | | |
| City Metairie | | State LA | Zip Code 70001 | | Transaction ID : e3c615c8-a9fe-46a6-b |
| Purpose of Expenditure Mileage | | Category/Type 002 | | Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 85.10 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M / D D / Y Y Y Y 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Taylor De Julian-Hernandez | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 20 / 2014 | |
| Mailing Address 284 Cr 1401 | | Amount 100.00 | |
| City Carthage | State TX | Zip Code 75633 | Transaction ID : 959c28bc-69bd-421c-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Taylor De Julian-Hernandez | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 20 / 2014 | |
| Mailing Address 284 Cr 1401 | | Amount 49.50 | |
| City Carthage | State TX | Zip Code 75633 | Transaction ID : d355b3f8-e97e-4479-a |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | |
|---|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 149.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
05 / 18 / 2015

Signature

| | | | | | |
|---|-------------|--|--|--|--|
| Full Name of Payee Michael Vidrine | | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 20 / 2014 | | |
| Mailing Address 1103 West Wilson Street | | | Amount 34.80 | | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : 67938b65-a6ba-406f-b | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 20 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | District: 00 State: LA Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ► Runoff | | |

| | | |
|--|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ➤ | 94.80 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ➤ | |
| (c) TOTAL Independent Expenditures..... | ➤ | |

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 176 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Cynthia N Schmit | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Mailing Address 2226 Taft Circle Apt 1 | | Amount 10.00 | |
| City Winchester | State VA | Zip Code 22601 | Transaction ID : cef5b467-9192-4070-9 |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Jeanne Tribou | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Mailing Address 22369 Ponderosa Dr. | | Amount 45.00 | |
| City Mandeville | State LA | Zip Code 70471 | Transaction ID : f092e9e8-7f12-4d35-8 |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 55.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|-------------|--|---|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Jeanne Tribou | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Mailing Address 22369 Ponderosa Dr. | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">4.80</div> | | |
| City Mandeville | State LA | Zip Code 70471 | Transaction ID : a782dcde-c4f3-4864-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Jessica R Resendiz | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Mailing Address 9685 Paula St | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">90.00</div> | | |
| City Keithville | State LA | Zip Code 71047 | Transaction ID : 61318819-d5ce-49ba-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">94.80</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | [Electronically Filed] | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div> | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 178 OF 320
FOR LINE 24 OF FORM 3X

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|--|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|---|-----------------------------|---|
| Full Name of Payee Jessica R Resendiz | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 20 / 2014 |
| Mailing Address 9685 Paula St | | Amount 27.90 |
| City Keithville | State LA | Zip Code 71047 |
| Purpose of Expenditure Mileage | Category/Type 002 | Transaction ID : 08276204-be8e-4a97-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 20 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | | |
|---|-----------------------------|---|
| Full Name of Payee Sheri J Peace | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 20 / 2014 |
| Mailing Address 9685 Paula St | | Amount 100.00 |
| City Keithville | State LA | Zip Code 71047 |
| Purpose of Expenditure Salary | Category/Type 001 | Transaction ID : d7342391-18b7-4d69-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 20 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | |
|---|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 127.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|--|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y | | | | | |

| | | | | | |
|---|-------------|---|---|--|--|
| Full Name of Payee Sheri J Peace | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 9685 Paula St | | | Amount 50.40 | | |
| City Keithville | State LA | Zip Code 71047 | Transaction ID : 667ed2c1-1e9d-4294-b Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 20 / 2014 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |

| | | | | | |
|---|-------------|---|---|--|--|
| Full Name of Payee Christopher Marquess | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 110 W Pecan St | | | Amount 50.00 | | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : 56cc5a69-2a11-409f-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 20 / 2014 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 100.40 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
 Signature

[Electronically Filed]

Date M M / D D / Y Y Y Y
 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 180 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-----------------------------|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Christopher Marquess | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Mailing Address 110 W Pecan St | | Amount 36.00 | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : cca0ad5-b6a3-42b3-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: House | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Philip Elkins | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Mailing Address 227 Lincoln Dr | | Amount 40.00 | |
| City Bossier City | State LA | Zip Code 71111 | Transaction ID : 8137d947-be35-4dfe-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: House | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 76.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 181 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|------------------------------|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Philip Elkins | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Mailing Address 227 Lincoln Dr | | Amount 7.53 | |
| City Bossier City | State LA | Zip Code 71111 | Transaction ID : a1629bef-8396-4579-a |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Francesca Blom | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Mailing Address 101 Asbury Ct | | Amount 95.00 | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : 9d35985c-d858-43a0-a |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 102.53 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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|---|--|--|---|---|---------------------------------------|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y | | | | | |
| Full Name of Payee Darius Beverly | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 157 Bishop Drive | | | Amount 55.00 | | |
| City Avondale | | State LA | Zip Code 70094 | | Transaction ID : 611618ae-9714-4df2-8 |
| Purpose of Expenditure Salary | | Category/Type 001 | | Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input type="checkbox"/> Office Sought: House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Ms. Dinah Beverly | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 157 Bishop Drive | | | Amount 55.00 | | |
| City Avondale | | State LA | Zip Code 70064 | | Transaction ID : d05aa67d-94c6-4487-9 |
| Purpose of Expenditure Salary | | Category/Type 001 | | Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input type="checkbox"/> Office Sought: House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 110.00 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M / D D / Y Y Y Y 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--------------------|--|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Ms. Dinah Beverly | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 157 Bishop Drive | | | Amount 4.80 | | |
| City Avondale | State LA | Zip Code 70064 | Transaction ID : 941bbab8-b9ac-4ddf-a | | |
| Purpose of Expenditure Mileage | | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Carl Brent | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 6718 Lake Willow Dr | | | Amount 80.00 | | |
| City New Orleans | State LA | Zip Code 70126 | Transaction ID : 8e81fe68-33ca-42f4-8 | | |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 84.80 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--------------------|--|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Carl Brent | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 6718 Lake Willow Dr | | | Amount 14.10 | | |
| City New Orleans | State LA | Zip Code 70126 | Transaction ID : d28ebd69-a2fa-4263-9 | | |
| Purpose of Expenditure Mileage | | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Cynthia J Christmas | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 1731 Frenchmen St | | | Amount 60.00 | | |
| City New Orleans | State LA | Zip Code 70116 | Transaction ID : a0f7ea54-1153-47eb-a | | |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 74.10 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|---|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Cynthia J Christmas | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 1731 Frenchmen St | | | Amount 9.00 | | |
| City New Orleans | | State LA | Zip Code 70116 | | |
| Purpose of Expenditure Mileage | | Category/Type 002 | | Transaction ID : 7ecb0e49-6f5f-45d1-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Joshua J Huffman | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 211 Dixie Ave | | | Amount 67.50 | | |
| City Harrisonburg | | State VA | Zip Code 22801 | | |
| Purpose of Expenditure Salary | | Category/Type 001 | | Transaction ID : 76902696-e37f-466b-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 76.50 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|--|---|--|---------------------------------------|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Michael B Fuhrmann | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 329 Columbia St | | | Amount 25.00 | | |
| City Shreveport | | State LA | Zip Code 71104 | | Transaction ID : f83e03fb-54f7-4d4c-9 |
| Purpose of Expenditure Salary | | Category/Type 001 | | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Michael B Fuhrmann | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 329 Columbia St | | | Amount 1.80 | | |
| City Shreveport | | State LA | Zip Code 71104 | | Transaction ID : 8765334e-742b-44cf-9 |
| Purpose of Expenditure Mileage | | Category/Type 002 | | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 26.80 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 187 OF 320
FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|-------------------|---|---|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Christine Stevens | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 100 Asbury Ct | | | Amount 70.00 | | |
| City Winchester | | State VA | Zip Code 22602 | | Transaction ID : 470c22b1-ff1a-46b4-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 |
| Purpose of Expenditure Salary | | Category/ Type | 001 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Jazmine d Conner | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | | |
| Mailing Address 100 ASBURY CT | | | Amount 70.00 | | |
| City WINCHESTER | | State VA | Zip Code 22602 | | Transaction ID : 57db3c9d-45a0-4bc2-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 |
| Purpose of Expenditure Salary | | Category/ Type | 001 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 140.00 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |
| | | | [Electronically Filed] | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 188 OF 320
FOR LINE 24 OF FORM 3X

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|---|-----------------------------|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Jon E Conner | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Mailing Address 100 Asbury Ct | | Amount 70.00 | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : 486e83d4-fab2-4521-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Rodney O Culbreath | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Mailing Address 100 Asbury Ct | | Amount 70.00 | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : 39c9d76b-15ba-4104-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 140.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 189 OF 320
FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|--|--------------------------|--|
| Full Name of Payee Rodney D Culbreth | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 20 / 2014 |
| Mailing Address 100 Asbury CT 3200 Dam Neck Rd | | Amount 70.00 |
| City Winchester | State VA | Zip Code 22602 |
| Purpose of Expenditure Salary | Category/ Type 001 | Transaction ID : 2c1fd8b3-6f44-4fe4-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 20 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | | |
|--|--------------------------|--|
| Full Name of Payee Rze Culbreath | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 20 / 2014 |
| Mailing Address 100 Asbury Ct | | Amount 70.00 |
| City Winchester | State VA | Zip Code 22602 |
| Purpose of Expenditure Salary | Category/ Type 001 | Transaction ID : 12d8d64c-7fe0-4450-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 20 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | |
|---|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 140.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 190 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-------------|---|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Colton R Overcash | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Mailing Address 121 Ohara Dr | | Amount 94.00 | |
| City Salisbury | State NC | Zip Code 28147 | Transaction ID : 8142c977-b831-4e6b-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 |
| Purpose of Expenditure Salary | | Category/ Type 001 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> |
| Full Name of Payee Colton R Overcash | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 | |
| Mailing Address 121 Ohara Dr | | Amount 68.40 | |
| City Salisbury | State NC | Zip Code 28147 | Transaction ID : 968964d3-0b6c-4f4d-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014 |
| Purpose of Expenditure Mileage | | Category/ Type 002 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 162.40 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Ms. Emily Buchanan | | [Electronically Filed] | |
| Signature | | Date 05 / 18 / 2015 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 191 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-------------------|---|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Jerome M Weil | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Mailing Address 101 Durham Drive | | Amount 35.00 | |
| City Lafayette | State LA | Zip Code 70508 | Transaction ID : 1c74a8f6-33e5-4080-a |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> |
| Full Name of Payee Jerome M Weil | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Mailing Address 101 Durham Drive | | Amount 9.00 | |
| City Lafayette | State LA | Zip Code 70508 | Transaction ID : 2cfc891-2784-4a40-b |
| Purpose of Expenditure Mileage | Category/ Type | 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 44.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Ms. Emily Buchanan | | [Electronically Filed] | |
| Signature | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 192 OF 320
 FOR LINE 24 OF FORM 3X

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|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-------------|---|--|
| Full Name of Payee Joshua J Huffman | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 21 / 2014 </div> | |
| Mailing Address 211 Dixie Ave | | Amount <div style="border: 1px solid black; padding: 2px;"> 45.00 </div> | |
| City Harrisonburg | State VA | Zip Code 22801 | Transaction ID : 9179bd8d-46bc-4e62-8 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 11 / 21 / 2014 </div> |
| Purpose of Expenditure Salary | | Category/Type <div style="border: 1px solid black; padding: 2px;"> 001 </div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px;"> 554635.78 </div> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | | | |
|---|-------------|---|--|
| Full Name of Payee Laura U Logie | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 11 / 21 / 2014 </div> | |
| Mailing Address 2565 Shire Circle | | Amount <div style="border: 1px solid black; padding: 2px;"> 30.00 </div> | |
| City Harrisonburg | State VA | Zip Code 22801 | Transaction ID : e86f2e2c-832b-467e-a Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 11 / 21 / 2014 </div> |
| Purpose of Expenditure Salary | | Category/Type <div style="border: 1px solid black; padding: 2px;"> 001 </div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px;"> 554635.78 </div> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px;"> 75.00 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px;"> 0.00 </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px;"> 75.00 </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|---|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Maegan E McDaniel | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | | |
| Mailing Address 3009 Skelly St | | | Amount 30.00 | | |
| City State Zip Code Shreveport LA 71107 | | Transaction ID : 740eb62c-565a-4e8d-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | | | |
| Purpose of Expenditure Salary | | Category/Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Maegan E McDaniel | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | | |
| Mailing Address 3009 Skelly St | | | Amount 4.80 | | |
| City State Zip Code Shreveport LA 71107 | | Transaction ID : 4bfd5387-4506-428d-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | | | |
| Purpose of Expenditure Mileage | | Category/Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 34.80 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 194 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-----------------------------|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Bobbie M Steinsolt | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Mailing Address 3009 Skelly St | | Amount 30.00 | |
| City Shreveport | State LA | Zip Code 71107 | Transaction ID : 16ba14fa-24c6-4642-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Amanda Boley | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Mailing Address Split Oak Drive | | Amount 35.00 | |
| City charlotte | State NC | Zip Code 28227 | Transaction ID : 715ff4bd-0b7d-4d86-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 65.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 195 OF 320
FOR LINE 24 OF FORM 3X

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|---|-------------------|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Amanda Boley | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Mailing Address Split Oak Drive | | Amount 18.00 | |
| City charlotte | State NC | Zip Code 28227 | Transaction ID : 7d6b61f4-6f97-4ac3-a |
| Purpose of Expenditure Mileage | Category/ Type | 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |
| Full Name of Payee Virginia T Grant | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Mailing Address 134 Shore Crest Circle | | Amount 40.00 | |
| City Carriere | State MS | Zip Code 39426 | Transaction ID : 9b90fa3b-44e9-4ac2-9 |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 58.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | |
| (c) TOTAL Independent Expenditures..... | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Ms. Emily Buchanan | | [Electronically Filed] | |
| Signature | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 196 OF 320
FOR LINE 24 OF FORM 3X

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|---|------------------------------|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Virginia T Grant | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Mailing Address 134 Shore Crest Circle | | Amount 7.50 | |
| City Carriere | State MS | Zip Code 39426 | Transaction ID : 5a002577-d3b1-4ac5-8 |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Virginia T Grant | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Mailing Address 134 Shore Crest Circle | | Amount 40.00 | |
| City Carriere | State MS | Zip Code 39426 | Transaction ID : 1847a2d8-73e8-42c4-8 |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 47.50 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 197 OF 320
FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--------------------|--|---|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Virginia T Grant | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | | |
| Mailing Address 134 Shore Crest Circle | | | Amount 7.50 | | |
| City Carriere | State MS | Zip Code 39426 | Transaction ID : 3bec30d7-c6c2-4ee3-8 | | |
| Purpose of Expenditure Mileage | | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Tammay Williams | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | | |
| Mailing Address 924 N. Prieur St | | | Amount 80.00 | | |
| City New Orleans | State LA | Zip Code 70116 | Transaction ID : 711c5bbe-4f04-4b5a-b | | |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 87.50 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | [Electronically Filed] | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 198 OF 320
FOR LINE 24 OF FORM 3X

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|---|--|--|---|--|---------------------------------------|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div> | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Tammy Williams | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 21 / 2014</div> | | |
| Mailing Address 924 N. Prieur St | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18.00</div> | | |
| City New Orleans | | State LA | Zip Code 70116 | | Transaction ID : dd4ff20c-5633-4138-b |
| Purpose of Expenditure Mileage | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 21 / 2014</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Beau Autin | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 21 / 2014</div> | | |
| Mailing Address 345 Auroura Ave | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div> | | |
| City Metairie | | State LA | Zip Code 70006 | | Transaction ID : 87c1c563-a0db-41bf-8 |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 21 / 2014</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">58.00</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div> | | |
| [Electronically Filed] | | | | | |

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|---|--|--|---|
| Full Name of Payee Antoinette Franklin | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 21 / 2014 | |
| Mailing Address 8822 Apple St | | Amount 60.00 | |
| City New Orleans | State LA | Zip Code 70188 | Transaction ID : e5647dcd-054c-449c-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 21 / 2014 |
| Purpose of Expenditure Salary | Category/ Type 001 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | District: 00 State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 554635.78 | Disbursement For: 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | |
|--|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 61.86 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 200 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|------------------------------|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Antoinette Franklin | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Mailing Address 8822 Apple St | | Amount 13.50 | |
| City New Orleans | State LA | Zip Code 70188 | Transaction ID : 1aa68943-ab09-401d-b |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Sheri J Peace | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Mailing Address 9685 Paula St | | Amount 40.00 | |
| City Keithville | State LA | Zip Code 71047 | Transaction ID : a5a26756-c1ea-462c-a |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 53.50 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 201 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|------------------------------|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Sheri J Peace | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Mailing Address 9685 Paula St | | Amount 27.60 | |
| City Keithville | State LA | Zip Code 71047 | Transaction ID : b5485e7c-298b-4167-a |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Jessica R Resendiz | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Mailing Address 9685 Paula St | | Amount 70.00 | |
| City Keithville | State LA | Zip Code 71047 | Transaction ID : c0447d97-ff3c-4414-b |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 97.60 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 202 OF 320
FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|--|---|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div> | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Jessica R Resendiz | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 21 / 2014</div> | | |
| Mailing Address 9685 Paula St | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.90</div> | | |
| City Keithville | | State LA | Zip Code 71047 | | Transaction ID : c706e7d2-de69-4763-a |
| Purpose of Expenditure Mileage | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 21 / 2014</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Darius Beverly | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 21 / 2014</div> | | |
| Mailing Address 157 Bishop Drive | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div> | | |
| City Avondale | | State LA | Zip Code 70094 | | Transaction ID : 60c24834-459c-4a39-9 |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 21 / 2014</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">90.90</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div> | | |
| [Electronically Filed] | | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|-------------|--|--|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | | | | |
| Full Name of Payee Ms. Dinah Beverly | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">21</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | | |
| Mailing Address 157 Bishop Drive | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">60.00</div> | | |
| City Avondale | State LA | Zip Code 70064 | Transaction ID : 27a1b4c2-bc79-4632-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">21</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Ms. Dinah Beverly | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">21</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | | |
| Mailing Address 157 Bishop Drive | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7.50</div> | | |
| City Avondale | State LA | Zip Code 70064 | Transaction ID : 2779f2eb-1558-4a49-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">21</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">67.50</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | [Electronically Filed] | | Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">05</div> <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">2015</div> </div> | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 204 OF 320
FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|------------------------------|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | M M M / D D D / Y Y Y Y Y Y | | |
| Full Name of Payee Susan K Hamby | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | | |
| Mailing Address 202 Violet St | | | Amount 35.00 | | |
| City West Monroe | | State LA | Zip Code 71292 | | Transaction ID : bb5c8ebb-69c7-4693-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | | District: <u>00</u> State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Susan K Hamby | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | | |
| Mailing Address 202 Violet St | | | Amount 1.65 | | |
| City West Monroe | | State LA | Zip Code 71292 | | Transaction ID : a9b06055-1642-4e8a-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | | District: <u>00</u> State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 36.65 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Ms. Emily Buchanan | | | [Electronically Filed] | | |
| Signature | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 205 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-----------------------------|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Stephanie L Heun | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Mailing Address 8026 S Wilwood Dr Apt 101 | | Amount 11.60 | |
| City Oak Creek | State WI | Zip Code 53154 | Transaction ID : 01a94834-92f9-4c2f-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Francis Richardson | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Mailing Address 220 Doucet Rd | | Amount 35.00 | |
| City Lafayette | State LA | Zip Code 70503 | Transaction ID : 31fd28f8-4ab8-4875-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 46.60 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 206 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-----------------------------|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Francis Richardson | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Mailing Address 220 Doucet Rd | | Amount 1.02 | |
| City Lafayette | State LA | Zip Code 70503 | Transaction ID : e9cd5bfa-21c0-4fc6-a |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: House District: 00 LA | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | 2014 | |
| Full Name of Payee Alice K Salazar | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Mailing Address 605 W Houston St | | Amount 80.00 | |
| City Marshall | State TX | Zip Code 75633 | Transaction ID : d4097fad-f521-4c72-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: House District: 00 LA | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | 2014 | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 81.02 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|-------------|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Alice K Salazar | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 11 / 21 / 2014 | | |
| Mailing Address 605 W Houston St | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">57.90</div> | | |
| City Marshall | State TX | Zip Code 75633 | Transaction ID : 1ecfe08d-d029-406f-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 11 / 21 / 2014 | | |
| Purpose of Expenditure Mileage | | Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Ana L Esquivel | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 11 / 21 / 2014 | | |
| Mailing Address 284 Cr 1401 | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">100.00</div> | | |
| City Carthage | State TX | Zip Code 75633 | Transaction ID : fa6c09b3-1ac5-40c7-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 11 / 21 / 2014 | | |
| Purpose of Expenditure Salary | | Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">157.90</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 05 / 18 / 2015 | | |

| | | | |
|---|-------------|---|--|
| Full Name of Payee Taylor De Julian-Hernandez | | Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>11 / 21 / 2014</div> </div> | |
| Mailing Address 284 Cr 1401 | | Amount <div> <div>100.00</div> </div> | |
| City Carthage | State TX | Zip Code 75633 | Transaction ID : 38d7b3b3-4e39-4bd0-8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>11 / 21 / 2014</div> </div> |
| Purpose of Expenditure Salary | | Category/ Type 001 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought | | <div> <div>554635.78</div> </div> | District: 00 State: LA Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | |
|--|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ➤ | 200.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ➤ | |
| (c) TOTAL Independent Expenditures..... ➤ | |

FEC Schedule E (Form 3X) Rev. 09/2013

| | | | |
|--|-------------|---|---|
| Full Name of Payee Elvis Spears | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 21 / 2014 | |
| Mailing Address 2150 Hope St | | Amount 35.00 | |
| City New Orleans | State LA | Zip Code 70119 | Transaction ID : c7843c80-c483-470b-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 21 / 2014 |
| Purpose of Expenditure Salary | | Category/ Type 001 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | |
|--|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 87.80 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 210 OF 320
FOR LINE 24 OF FORM 3X

| | | | | |
|--|-------------|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | |
| Full Name of Payee Elvis Spears | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Mailing Address 2150 Hope St | | | Amount 10.50 | |
| City New Orleans | State LA | Zip Code 70119 | Transaction ID : dc2ce21b-8ada-482d-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | |
| Full Name of Payee Francesca Blom | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Mailing Address 101 Asbury Ct | | | Amount 70.00 | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : fb0b57c4-5fef-4825-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 80.50 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Ms. Emily Buchanan | | [Electronically Filed] | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| Signature | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 211 OF 320
FOR LINE 24 OF FORM 3X

| | | | | |
|---|--------------------|---|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Cynthia N Schmit | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | | |
| Mailing Address 2226 Taft Circle Apt 1 | | Amount 10.00 | | |
| City Winchester | State VA | Zip Code 22601 | Transaction ID : 03069ee8-54e1-4dfe-9 | |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee ERIC TABARY | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | | |
| Mailing Address 6101 NORA ST | | Amount 65.00 | | |
| City METAIRIE | State LA | Zip Code 70003 | Transaction ID : 70cb20ca-ded1-49fd-9 | |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 75.00 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | | |
| (c) TOTAL Independent Expenditures..... | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature Ms. Emily Buchanan | | [Electronically Filed] | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 212 OF 320
FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|--|---|--|---------------------------------------|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div> | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee ERIC TABARY | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 21 / 2014</div> | | |
| Mailing Address 6101 NORA ST | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2.10</div> | | |
| City METAIRIE | | State LA | Zip Code 70003 | | Transaction ID : 383b3bc7-07f5-4d27-8 |
| Purpose of Expenditure Mileage | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 21 / 2014</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Christopher L Gilbert | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 21 / 2014</div> | | |
| Mailing Address 55 Lovell Johnson Rd | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div> | | |
| City Picayune | | State MS | Zip Code 39466 | | Transaction ID : c2e4caf3-47d6-4eec-9 |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 21 / 2014</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">82.10</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature Ms. Emily Buchanan | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div> | | |
| [Electronically Filed] | | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div> | |

| | | | |
|---|----------------------|---|--|
| Full Name of Payee Christopher L Gilbert | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 21 / 2014 | |
| Mailing Address 55 Lovell Johnson Rd | | Amount 47.10 | |
| City Picayune | State MS | Zip Code 39466 | Transaction ID : 868bf7db-3494-43b9-a |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 21 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | |

| | | | |
|---|----------------------|---|--|
| Full Name of Payee Eva M Johnston | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 21 / 2014 | |
| Mailing Address 2517 N 47th St | | Amount 35.00 | |
| City Milwaukee | State WI | Zip Code 53210 | Transaction ID : 11f69b46-fabf-4122-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 21 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 82.10 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

 MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 214 OF 320
FOR LINE 24 OF FORM 3X

| | | | | |
|--|-------------|---|---|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | |
| Full Name of Payee Joneisha Stewart | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Mailing Address 2329 Runnymede Dr | | | Amount 40.00 | |
| City Marrero | State LA | Zip Code 70072 | Transaction ID : e9bbb682-cff8-4476-a | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | |
| Full Name of Payee Joneisha Stewart | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Mailing Address 2329 Runnymede Dr | | | Amount 9.00 | |
| City Marrero | State LA | Zip Code 70072 | Transaction ID : 5420114a-0981-469d-8 | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 49.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | [Electronically Filed] | | Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015 |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 215 OF 320
 FOR LINE 24 OF FORM 3X

| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-------------------|--|---|
| Full Name of Payee Evelyn Lesaicherre | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 21 / 2014 | |
| Mailing Address 629 Radiance Ave | | Amount 80.00 | |
| City Metairie | State LA | Zip Code 70001 | Transaction ID : d8d1f398-d711-4405-a |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 21 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | | |
|---|-------------------|--|---|
| Full Name of Payee Evelyn Lesaicherre | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 21 / 2014 | |
| Mailing Address 629 Radiance Ave | | Amount 3.90 | |
| City Metairie | State LA | Zip Code 70001 | Transaction ID : f88c310b-67fd-45f3-a |
| Purpose of Expenditure Mileage | Category/ Type | 002 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 21 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | |
|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 83.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 216 OF 320
FOR LINE 24 OF FORM 3X

| | | | | |
|---|-------------|---|---|------|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Jeanne Tribou | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | | |
| Mailing Address 22369 Ponderosa Dr. | | Amount 65.00 | | |
| City Mandeville | State LA | Zip Code 70471 | Transaction ID : daee2203-18dc-4b6e-8 | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Jeanne Tribou | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | | |
| Mailing Address 22369 Ponderosa Dr. | | Amount 7.80 | | |
| City Mandeville | State LA | Zip Code 70471 | Transaction ID : b720dae9-f3c1-49f0-b | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 72.80 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | | |
| (c) TOTAL Independent Expenditures..... | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Ms. Emily Buchanan | | [Electronically Filed] | | Date |
| Signature | | M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y | | | | | |
| Full Name of Payee Cathy Longtin | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 21 / 2014 | | |
| Mailing Address 827 Navavre Ave | | | Amount 50.00 | | |
| City New Orleans | | State LA | Zip Code 70124 | | |
| Purpose of Expenditure Salary | | Category/Type 001 | | Transaction ID : 0a7fda4a-7736-4fa9-a Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 21 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Cathy Longtin | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 21 / 2014 | | |
| Mailing Address 827 Navavre Ave | | | Amount 9.60 | | |
| City New Orleans | | State LA | Zip Code 70124 | | |
| Purpose of Expenditure Mileage | | Category/Type 002 | | Transaction ID : fc76ed45-33c5-47f0-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 21 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 59.60 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature _____ Ms. Emily Buchanan | | | Date M M / D D / Y Y Y Y 05 / 18 / 2015 | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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|--|--------------------|--|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Donna S Wilson | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | | |
| Mailing Address 4456 Country Hill Dr | | | Amount 10.00 | | |
| City Baton Rouge | State LA | Zip Code 70816 | Transaction ID : 74e49b46-2695-414c-a | | |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Donna S Wilson | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | | |
| Mailing Address 4456 Country Hill Dr | | | Amount 6.00 | | |
| City Baton Rouge | State LA | Zip Code 70816 | Transaction ID : eb718c91-31f7-4639-a | | |
| Purpose of Expenditure Mileage | | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 16.00 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |
| [Electronically Filed] | | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 219 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-----------------------------|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Philip Elkins | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Mailing Address 227 Lincoln Dr | | Amount 70.00 | |
| City Bossier City | State LA | Zip Code 71111 | Transaction ID : 2c4020bd-6c3f-4c3a-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: LA | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | 2014 | |
| Full Name of Payee Philip Elkins | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Mailing Address 227 Lincoln Dr | | Amount 15.54 | |
| City Bossier City | State LA | Zip Code 71111 | Transaction ID : 56e2338a-27bc-4206-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: LA | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | 2014 | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 85.54 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 220 OF 320
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|---|-------------------|---|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Colton R Overcash | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Mailing Address 121 Ohara Dr | | Amount 100.00 | |
| City Salisbury | State NC | Zip Code 28147 | Transaction ID : 313fb12f-a2cc-4ae5-9 |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |
| Full Name of Payee Colton R Overcash | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Mailing Address 121 Ohara Dr | | Amount 72.30 | |
| City Salisbury | State NC | Zip Code 28147 | Transaction ID : b14c67df-99ca-46d3-9 |
| Purpose of Expenditure Mileage | Category/ Type | 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 172.30 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | |
| (c) TOTAL Independent Expenditures..... | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Ms. Emily Buchanan | | [Electronically Filed] | |
| Signature | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 221 OF 320
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|---|-------------------|---|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Christine Stevens | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | | |
| Mailing Address 100 Asbury Ct | | Amount 70.00 | | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : 06d72723-3f47-4885-8 | |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Jazmine d Conner | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | | |
| Mailing Address 100 ASBURY CT | | Amount 70.00 | | |
| City WINCHESTER | State VA | Zip Code 22602 | Transaction ID : fe2b018d-a0f9-4bd9-9 | |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 140.00 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | | |
| (c) TOTAL Independent Expenditures..... | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |
| | | [Electronically Filed] | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 222 OF 320
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Jon E Conner | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Mailing Address 100 Asbury Ct | | Amount 70.00 | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : 6f6222ec-13f3-4c43-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Rodney O Culbreath | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Mailing Address 100 Asbury Ct | | Amount 70.00 | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : 0fcd7d33-88b2-4323-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 140.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 223 OF 320
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Rodney D Culbreth | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Mailing Address 100 Asbury CT 3200 Dam Neck Rd | | Amount 70.00 | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : 01256539-4f43-4065-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 |
| Purpose of Expenditure Salary | | Category/ Type 001 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |
| Full Name of Payee Rze Culbreath | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 | |
| Mailing Address 100 Asbury Ct | | Amount 70.00 | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : 3bc4b874-4e9d-47f2-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 |
| Purpose of Expenditure Salary | | Category/ Type 001 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 140.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Ms. Emily Buchanan | | [Electronically Filed] | |
| Signature | | Date 05 / 18 / 2015 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 224 OF 320
FOR LINE 24 OF FORM 3X

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Christopher Marquess | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | |
| Mailing Address 110 W Pecan St | | Amount 50.00 | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : 9d45b8b7-f03c-45e7-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Christopher Marquess | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | |
| Mailing Address 110 W Pecan St | | Amount 32.40 | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : d529c8ea-6218-4c60-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 82.40 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Ms. Emily Buchanan Signature | | [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 225 OF 320
FOR LINE 24 OF FORM 3X

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|---|--|--|---|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div> | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Timothy Foley | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 22 / 2014</div> | | |
| Mailing Address 20679 Glenbrook Terrace | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">55.00</div> | | |
| City Sterling | | State VA | Zip Code 20165 | | Transaction ID : 596ecdd6-a4ae-40fc-b |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 22 / 2014</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Nicholas O Wilcox | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 22 / 2014</div> | | |
| Mailing Address 1981 Cherokee St | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div> | | |
| City Baton Rouge | | State LA | Zip Code 70806 | | Transaction ID : 42014262-bf7b-42d5-9 |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 22 / 2014</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">105.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div> | | |
| | | | [Electronically Filed] | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 226 OF 320
FOR LINE 24 OF FORM 3X

| | | | | |
|---|--------------------|---|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Nicholas O Wilcox | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | | |
| Mailing Address 1981 Cherokee St | | Amount 4.50 | | |
| City Baton Rouge | State LA | Zip Code 70806 | Transaction ID : f4a81fe4-d7bd-4ab9-8 | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Eva M Johnston | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | | |
| Mailing Address 2517 N 47th St | | Amount 10.00 | | |
| City Milwaukee | State WI | Zip Code 53210 | Transaction ID : e3273dc3-7306-4df6-9 | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 14.50 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | | |
| (c) TOTAL Independent Expenditures..... | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature Ms. Emily Buchanan | | [Electronically Filed] | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 227 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-------------------|---|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Janet Morris | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | |
| Mailing Address 620 Old Barbome Rd Lot 2 | | Amount 35.00 | |
| City West Monroe | State LA | Zip Code 71291 | Transaction ID : 35768a58-19b2-432c-8 |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |
| Full Name of Payee Janet Morris | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | |
| Mailing Address 620 Old Barbome Rd Lot 2 | | Amount 4.86 | |
| City West Monroe | State LA | Zip Code 71291 | Transaction ID : fcc88d03-e184-4389-b |
| Purpose of Expenditure Mileage | Category/ Type | 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 39.86 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | |
| (c) TOTAL Independent Expenditures..... | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Ms. Emily Buchanan | | [Electronically Filed] | |
| Signature | | Date 05 / 18 / 2015 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-------------------|--|---|
| Full Name of Payee Heather A Smith | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014 | |
| Mailing Address 995 Clairborne Rd | | Amount 33.00 | |
| City Calhoun | State LA | Zip Code 71225 | Transaction ID : 1db39b5f-e6b3-4abe-b |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | | |
|---|-------------------|--|---|
| Full Name of Payee Heather A Smith | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014 | |
| Mailing Address 995 Clairborne Rd | | Amount 6.60 | |
| City Calhoun | State LA | Zip Code 71225 | Transaction ID : 4a7b9809-e1fd-43fe-a |
| Purpose of Expenditure Mileage | Category/ Type | 002 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | |
|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 39.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

| | | | | |
|---|-------------|--|---|--|
| Full Name of Payee Colton R Overcash | | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014 | |
| Mailing Address 121 Ohara Dr | | | Amount 64.20 | |
| City Salisbury | State NC | Zip Code 28147 | Transaction ID : 668be23d-7772-43fe-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2014 | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | |
|--|--|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ <table border="1" data-bbox="1102 1650 1364 1656"> <tr><td>152.20</td></tr> </table> | 152.20 |
| 152.20 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ <table border="1" data-bbox="1102 1656 1364 1661"> <tr><td></td></tr> </table> | |
| | | |
| (c) TOTAL Independent Expenditures..... | ▶ <table border="1" data-bbox="1102 1661 1364 1669"> <tr><td></td></tr> </table> | |
| | | |

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 230 OF 320
FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|--|--------------------------|--|
| Full Name of Payee Philip Elkins | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014 |
| Mailing Address 227 Lincoln Dr | | Amount 40.00 |
| City Bossier City | State LA | Zip Code 71111 |
| Purpose of Expenditure Salary | Category/ Type 001 | Transaction ID : 26a6a114-6448-4384-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | | |
|--|--------------------------|--|
| Full Name of Payee Philip Elkins | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014 |
| Mailing Address 227 Lincoln Dr | | Amount 11.49 |
| City Bossier City | State LA | Zip Code 71111 |
| Purpose of Expenditure Mileage | Category/ Type 002 | Transaction ID : 7a4d569f-b2d7-4670-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | |
|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 51.49 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 231 OF 320
FOR LINE 24 OF FORM 3X

| | | | | |
|--|-------------|---|---|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | |
| Full Name of Payee Elvis Spears | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Mailing Address 2150 Hope St | | | Amount 60.00 | |
| City New Orleans | State LA | Zip Code 70119 | Transaction ID : bdc6d414-3162-4d56-9 | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Elvis Spears | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Mailing Address 2150 Hope St | | | Amount 10.50 | |
| City New Orleans | State LA | Zip Code 70119 | Transaction ID : 0a9c67f5-8627-479d-8 | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 70.50 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | [Electronically Filed] | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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|--|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | |
|--|---|---|--|
| Full Name of Payee Cynthia J Christmas | | Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>11</div><div>23</div><div>2014</div></div> | |
| Mailing Address 1731 Frenchmen St | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">70.00</div> | |
| City New Orleans | State LA | Zip Code 70116 | Transaction ID : 4c870b57-5452-4f73-b |
| Purpose of Expenditure Salary | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>11</div><div>23</div><div>2014</div></div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | |

| | | | |
|--|---|---|--|
| Full Name of Payee Cynthia J Christmas | | Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>11</div><div>23</div><div>2014</div></div> | |
| Mailing Address 1731 Frenchmen St | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9.00</div> | |
| City New Orleans | State LA | Zip Code 70116 | Transaction ID : de5dc330-95b5-4547-b |
| Purpose of Expenditure Mileage | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>11</div><div>23</div><div>2014</div></div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">79.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

 MM / DD / YYYY

05

18

2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|-------------|---|---|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Francis Richardson | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | | |
| Mailing Address 220 Doucet Rd | | | Amount 30.00 | | |
| City Lafayette | State LA | Zip Code 70503 | Transaction ID : 46a6615f-a0b0-455e-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Francis Richardson | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | | |
| Mailing Address 220 Doucet Rd | | | Amount 0.78 | | |
| City Lafayette | State LA | Zip Code 70503 | Transaction ID : dc368924-9ec0-481e-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 30.78 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | [Electronically Filed] | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--------------------|---|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Lilly Green | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> 11 / 23 / 2014 | | |
| Mailing Address 205 Medallion Circle | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">40.00</div> | | |
| City Shreveport | State LA | Zip Code 71119 | Transaction ID : 053e42cd-62bd-4d08-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> 11 / 23 / 2014 | | |
| Purpose of Expenditure Salary | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">001</div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Lilly Green | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> 11 / 23 / 2014 | | |
| Mailing Address 205 Medallion Circle | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">48.60</div> | | |
| City Shreveport | State LA | Zip Code 71119 | Transaction ID : f0b3ff12-ee4b-41c7-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> 11 / 23 / 2014 | | |
| Purpose of Expenditure Mileage | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">002</div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px;">88.60</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 235 OF 320
 FOR LINE 24 OF FORM 3X

| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div> | |

| | | | |
|---|-----------------------|---|---------------------------------------|
| Full Name of Payee Mary C Lee | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014 | |
| Mailing Address 1030 N Coolidge Ave | | Amount 50.00 | |
| City Gonzales | State LA | Zip Code 70737 | Transaction ID : 8eea5ab9-89ce-42df-b |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | | |
|---|-----------------------|---|---------------------------------------|
| Full Name of Payee Mary C Lee | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014 | |
| Mailing Address 1030 N Coolidge Ave | | Amount 3.60 | |
| City Gonzales | State LA | Zip Code 70737 | Transaction ID : 61f7d458-b45d-496c-8 |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | |
|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 53.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 236 OF 320
 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--------------------|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Hannah J Landry | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | | |
| Mailing Address 1110 N Coolidge | | | Amount 60.00 | | |
| City Gonzales | State LA | Zip Code 70737 | Transaction ID : eb744492-aa8e-422a-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Hannah J Landry | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | | |
| Mailing Address 1110 N Coolidge | | | Amount 25.20 | | |
| City Gonzales | State LA | Zip Code 70737 | Transaction ID : aa216f61-20a7-4d50-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 85.20 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 237 OF 320
 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|--|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Beau Autin | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | | |
| Mailing Address 345 Auroura Ave | | | Amount 25.00 | | |
| City Metairie State LA Zip Code 70006 | | Transaction ID : a213a27c-4b5e-45d9-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | | | |
| Purpose of Expenditure Salary | | Category/Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Beau Autin | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | | |
| Mailing Address 345 Auroura Ave | | | Amount 1.47 | | |
| City Metairie State LA Zip Code 70006 | | Transaction ID : 19da11f4-eda5-4487-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | | | |
| Purpose of Expenditure Mileage | | Category/Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 26.47 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

| | | | |
|---|--|--|--|
| Full Name of Payee Elvis Spears | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014 | |
| Mailing Address 2150 Hope St | | Amount 10.50 | |
| City New Orleans | State LA | Zip Code 70119 | Transaction ID : 828672fc-3ab4-463b-a |
| Purpose of Expenditure Mileage | Category/ Type | 002 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | District: 00 State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 554635.78 | Disbursement For: 2014 <input checked="" type="checkbox"/> Other (specify) ▶ | <input type="checkbox"/> Primary <input type="checkbox"/> General Runoff |

| | |
|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 70.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures..... | |

Signature

| | | | |
|--|-------------|--|---|
| Full Name of Payee Jon E Conner | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014 | |
| Mailing Address 100 Asbury Ct | | Amount 20.00 | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : 5127c48b-e783-4c95-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2014 |
| Purpose of Expenditure Salary | | Category/ Type 001 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | | |
|---|-------------|---|---|
| Full Name of Payee Rodney D Culbreth | | Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>11 / 22 / 2014</div> </div> | |
| Mailing Address 100 Asbury CT 3200 Dam Neck Rd | | Amount <div> <div></div> <div>20.00</div> </div> | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : fcca347c-4da0-4192-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>11 / 22 / 2014</div> </div> |
| Purpose of Expenditure Salary | | Category/ Type 001 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate |
| Calendar Year-To-Date Per Election for Office Sought | | <div> <div></div> <div>554635.78</div> </div> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | | |
|--|---|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | <div style="text-align: right; margin-top: 10px;">40.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 240 OF 320
 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|--|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Jazmine d Conner | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | | |
| Mailing Address 100 ASBURY CT | | | Amount 20.00 | | |
| City WINCHESTER | | State VA | Zip Code 22602 | | |
| Purpose of Expenditure Salary | | Category/Type 001 | | Transaction ID : f4ded7ab-d447-4e90-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Rze Culbreath | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | | |
| Mailing Address 100 Asbury Ct | | | Amount 20.00 | | |
| City Winchester | | State VA | Zip Code 22602 | | |
| Purpose of Expenditure Salary | | Category/Type 001 | | Transaction ID : 1b673c3b-baa1-4ffe-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 40.00 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 241 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-------------------|---|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Christine Stevens | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | |
| Mailing Address 100 Asbury Ct | | Amount 20.00 | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : cd4be44c-7ee3-4bb5-8 |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |
| Full Name of Payee Rodney O Culbreath | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | |
| Mailing Address 100 Asbury Ct | | Amount 20.00 | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : 398c2772-10b8-40da-8 |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 40.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | |
| (c) TOTAL Independent Expenditures..... | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Ms. Emily Buchanan | | [Electronically Filed] | |
| Signature | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 242 OF 320
 FOR LINE 24 OF FORM 3X

| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | |

| | | | | |
|--|----------------------------------|--|--|--|
| Full Name of Payee Felicia A Jones | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11 / 22 / 2014 </div> | |
| Mailing Address 4106 Martha St | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 70.00 </div> | |
| City State Zip Code Shreveport LA 71109 | Purpose of Expenditure Salary | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | | | |
|--|-----------------------------------|--|--|--|
| Full Name of Payee Felicia A Jones | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11 / 22 / 2014 </div> | |
| Mailing Address 4106 Martha St | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6.30 </div> | |
| City State Zip Code Shreveport LA 71109 | Purpose of Expenditure Mileage | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">76.30</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 243 OF 320
 FOR LINE 24 OF FORM 3X

| | |
|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|--|-------------|---|---|--|--|
| Full Name of Payee Carl Brent | | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014 | | |
| Mailing Address 6718 Lake Willow Dr | | | Amount <div style="border: 1px solid black; padding: 2px;">80.00</div> | | |
| City New Orleans | State LA | Zip Code 70126 | Transaction ID : 4b3ed96b-d3f0-44a4-9 | | |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div> | Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |

| | | | | | |
|--|-------------|---|---|--|--|
| Full Name of Payee Carl Brent | | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014 | | |
| Mailing Address 6718 Lake Willow Dr | | | Amount <div style="border: 1px solid black; padding: 2px;">39.90</div> | | |
| City New Orleans | State LA | Zip Code 70126 | Transaction ID : a34e3f18-b83c-43c1-b | | |
| Purpose of Expenditure Mileage | | Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div> | Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px;">119.90</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

 MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 244 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-----------------------------|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Theresa a Youngblood | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | |
| Mailing Address 102 S Main Street Apt A2 | | Amount 115.00 | |
| City Berryville | State VA | Zip Code 22611 | Transaction ID : 48751379-3873-4972-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Jeanne Tribou | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | |
| Mailing Address 22369 Ponderosa Dr. | | Amount 60.00 | |
| City Mandeville | State LA | Zip Code 70471 | Transaction ID : 15986208-039b-4586-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 175.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 245 OF 320
FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|--|---|--|---------------------------------------|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div> | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Jeanne Tribou | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 22 / 2014</div> | | |
| Mailing Address 22369 Ponderosa Dr. | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9.60</div> | | |
| City Mandeville | | State LA | Zip Code 70471 | | Transaction ID : f8f4efc2-ff67-48d2-8 |
| Purpose of Expenditure Mileage | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 22 / 2014</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Lilly Green | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 22 / 2014</div> | | |
| Mailing Address 205 Medallion Circle | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div> | | |
| City Shreveport | | State LA | Zip Code 71119 | | Transaction ID : 338d1d30-14d1-4fca-9 |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 22 / 2014</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">49.60</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div> | | |
| [Electronically Filed] | | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 246 OF 320
FOR LINE 24 OF FORM 3X

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|---|------------------------------|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Lilly Green | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | |
| Mailing Address 205 Medallion Circle | | Amount 50.10 | |
| City Shreveport | State LA | Zip Code 71119 | Transaction ID : d70eeb24-5fa9-4607-a |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Jerome M Weil | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Mailing Address 101 Durham Drive | | Amount 15.00 | |
| City Lafayette | State LA | Zip Code 70508 | Transaction ID : 4dc42328-b778-4b48-9 |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 65.10 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| [Electronically Filed] | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 247 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-----------------------------|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Jerome M Weil | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Mailing Address 101 Durham Drive | | Amount 3.00 | |
| City Lafayette | State LA | Zip Code 70508 | Transaction ID : cba9ee6f-7c57-406b-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Gregory Green | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | |
| Mailing Address 2506 Bolch Street | | Amount 60.00 | |
| City Shreveport | State LA | Zip Code 71104 | Transaction ID : c1085611-7e78-43a4-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 63.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| [Electronically Filed] | | | |

| | | | |
|---|--|---|---|
| Full Name of Payee Bobbie M Steinsholt | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014 | |
| Mailing Address 3009 Skelly St | | Amount 80.00 | |
| City Shreveport | State LA | Zip Code 71107 | Transaction ID : e7f1c715-8595-4cdf-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2014 |
| Purpose of Expenditure Salary | Category/ Type 001 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | District: 00 State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | |
|--|---|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 134.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div> | |

| | | | |
|---|-------------|--|---|
| Full Name of Payee Maegan E McDaniel | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div> | |
| Mailing Address 3009 Skelly St | | Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div> | |
| City Shreveport | State LA | Zip Code 71107 | Transaction ID : 82ac06f2-1bc0-44fa-b Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div> |
| Purpose of Expenditure Salary | | Category/Type 001 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | | | |
|---|-------------|--|---|
| Full Name of Payee Maegan E McDaniel | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div> | |
| Mailing Address 3009 Skelly St | | Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div> | |
| City Shreveport | State LA | Zip Code 71107 | Transaction ID : e2687fcd-71ac-4b37-b Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div> |
| Purpose of Expenditure Mileage | | Category/Type 002 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY

Signature

| | | | |
|---|-------------------|--|---|
| Full Name of Payee Cynthia N Schmit | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014 | |
| Mailing Address 2226 Taft Circle Apt 1 | | Amount 50.00 | |
| City Winchester | State VA | Zip Code 22601 | Transaction ID : 00b35d48-d929-4741-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2014 |
| Purpose of Expenditure Salary | Category/ Type | 001 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | | | |
|---|--|--|---|
| Full Name of Payee Windy Hageman | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014 | |
| Mailing Address 5521 Randolph St. | | Amount 30.00 | |
| City Marrero | State LA | Zip Code 70072 | Transaction ID : e5aa9a40-cbad-42f0-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2014 |
| Purpose of Expenditure Salary | Category/ Type 001 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | House District: 00 State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 554635.78 | Disbursement For: 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | |
|--|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 80.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 251 OF 320
FOR LINE 24 OF FORM 3X

| | | | | |
|---|--------------------|---|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Windy Hageman | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | | |
| Mailing Address 5521 Randolph St. | | Amount 2.70 | | |
| City Marrero | State LA | Zip Code 70072 | Transaction ID : e60c462c-2e6f-4cc5-9 | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Sheri J Peace | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | | |
| Mailing Address 9685 Paula St | | Amount 80.00 | | |
| City Keithville | State LA | Zip Code 71047 | Transaction ID : 9555e0b8-cbac-40dd-8 | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 82.70 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | | |
| (c) TOTAL Independent Expenditures..... | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature Ms. Emily Buchanan | | [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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|---|-------------|--|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y | | | | | |
| Full Name of Payee Sheri J Peace | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 22 / 2014 | | |
| Mailing Address 9685 Paula St | | | Amount 27.60 | | |
| City Keithville | State LA | Zip Code 71047 | Transaction ID : 315ba223-f971-4bab-b | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 22 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Michael B Fuhrmann | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 22 / 2014 | | |
| Mailing Address 329 Columbia St | | | Amount 10.00 | | |
| City Shreveport | State LA | Zip Code 71104 | Transaction ID : 7ed82aa2-00ba-4344-8 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 22 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 37.60 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | [Electronically Filed] | | Date M M / D D / Y Y Y Y 05 / 18 / 2015 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 253 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-------------------|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Michael B Fuhrmann | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | |
| Mailing Address 329 Columbia St | | Amount 1.20 | |
| City Shreveport | State LA | Zip Code 71104 | Transaction ID : e6c27ad6-c2d4-4444-9 |
| Purpose of Expenditure Mileage | Category/ Type | 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee ERIC TABARY | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | |
| Mailing Address 6101 NORA ST | | Amount 55.00 | |
| City METAIRIE | State LA | Zip Code 70003 | Transaction ID : c62f6b14-2db3-4caa-b |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 56.20 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Ms. Emily Buchanan | | [Electronically Filed] | |
| Signature | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 254 OF 320
FOR LINE 24 OF FORM 3X

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|---|--------------------|---|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee ERIC TABARY | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | |
| Mailing Address 6101 NORA ST | | Amount 1.80 | |
| City METAIRIE | State LA | Zip Code 70003 | Transaction ID : 43e70cb8-93e9-4e5e-8 |
| Purpose of Expenditure Mileage | Category/ Type | 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |
| Full Name of Payee Aaron R Cowart | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Mailing Address 184 South Military Rd | | Amount 40.00 | |
| City Slidell | State LA | Zip Code 70458 | Transaction ID : 78631401-9e53-403b-9 |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 41.80 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature <i>Ms. Emily Buchanan</i> | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 255 OF 320
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|---|-----------------------------|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Aaron R Cowart | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Mailing Address 184 South Military Rd | | Amount 13.50 | |
| City Slidell | State LA | Zip Code 70458 | Transaction ID : 3ed5bc8b-3834-42fe-a |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Gregory Green | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Mailing Address 2506 Bolch Street | | Amount 20.00 | |
| City Shreveport | State LA | Zip Code 71104 | Transaction ID : fd69cb8d-662a-4f82-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 33.50 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| [Electronically Filed] | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 256 OF 320
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|---|-------------------|---|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Gregory Green | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | | |
| Mailing Address 2506 Bolch Street | | Amount 20.10 | | |
| City Shreveport | State LA | Zip Code 71104 | Transaction ID : c9924f53-bbc8-45d2-b | |
| Purpose of Expenditure Mileage | Category/ Type | 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Helen Celestine | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | | |
| Mailing Address 38346 Quinn Rd | | Amount 40.00 | | |
| City Pearl River | State LA | Zip Code 70452 | Transaction ID : 04de4d1f-f4eb-48b9-8 | |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 60.10 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | | |
| (c) TOTAL Independent Expenditures..... | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | Date 05 / 18 / 2015 | | |
| | | [Electronically Filed] | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 257 OF 320
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Helen Celestine | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Mailing Address 38346 Quinn Rd | | Amount 13.50 | |
| City Pearl River | State LA | Zip Code 70452 | Transaction ID : 955ac0e3-d33c-4180-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: LA | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | 2014 | |
| Full Name of Payee Francis Richardson | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Mailing Address 220 Doucet Rd | | Amount 30.00 | |
| City Lafayette | State LA | Zip Code 70503 | Transaction ID : e2f3a207-4f54-482c-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: LA | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | 2014 | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 43.50 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| [Electronically Filed] | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 258 OF 320
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|---|--|---|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div> | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Francis Richardson | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 23 / 2014</div> | | |
| Mailing Address 220 Doucet Rd | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2.10</div> | | |
| City State Zip Code Lafayette LA 70503 | | Transaction ID : 3f8bd0c8-a9aa-44f4-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 23 / 2014</div> | | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">554635.78</div> | | |
| Full Name of Payee Virginia T Grant | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 23 / 2014</div> | | |
| Mailing Address 134 Shore Crest Circle | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div> | | |
| City State Zip Code Carriere MS 39426 | | Transaction ID : d0932a35-d218-4630-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 23 / 2014</div> | | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">554635.78</div> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">42.10</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature <i>Ms. Emily Buchanan</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 30%; text-align: right;">Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div></div></div> | | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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|---|--------------------|--|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y | | | | | |
| Full Name of Payee Virginia T Grant | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 23 / 2014 | | |
| Mailing Address 134 Shore Crest Circle | | | Amount 9.60 | | |
| City Carriere | State MS | Zip Code 39426 | Transaction ID : 74aa7656-f227-438f-9 | | |
| Purpose of Expenditure Mileage | | Category/Type 002 | Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 23 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Christopher Marquess | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 23 / 2014 | | |
| Mailing Address 110 W Pecan St | | | Amount 45.00 | | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : 97af6463-f4f7-4315-8 | | |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 23 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 54.60 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | | Date M M / D D / Y Y Y Y 05 / 18 / 2015 | | |
| [Electronically Filed] | | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|---|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Christopher Marquess | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | | |
| Mailing Address 110 W Pecan St | | | Amount 31.50 | | |
| City Ville Platte | | State LA | Zip Code 70586 | | |
| Purpose of Expenditure Mileage | | Category/Type 002 | | Transaction ID : 18b0df08-10c8-4fb4-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Jessica R Resendiz | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | | |
| Mailing Address 9685 Paula St | | | Amount 80.00 | | |
| City Keithville | | State LA | Zip Code 71047 | | |
| Purpose of Expenditure Salary | | Category/Type 001 | | Transaction ID : 407d41f8-25c6-49de-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 111.50 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|-------------|---|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Jessica R Resendiz | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | | |
| Mailing Address 9685 Paula St | | | Amount 25.80 | | |
| City Keithville | State LA | Zip Code 71047 | Transaction ID : 04f02876-0b67-4dd4-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Mary Frank | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | | |
| Mailing Address 14 Ramblewood Drive | | | Amount 15.00 | | |
| City Covington | State LA | Zip Code 70435 | Transaction ID : f7f5bb0d-7c34-46d8-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 40.80 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 262 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-----------------------------|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Mary Frank | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Mailing Address 14 Ramblewood Drive | | Amount 5.40 | |
| City Covington | State LA | Zip Code 70435 | Transaction ID : 7fe7338e-4a7d-499d-8 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Patricia F Arnold | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Mailing Address 1117 Clipper Dr | | Amount 52.00 | |
| City Slidell | State LA | Zip Code 70458 | Transaction ID : ba288d85-68eb-4fcc-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 57.40 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|---|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Patricia F Arnold | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | | |
| Mailing Address 1117 Clipper Dr | | | Amount 9.30 | | |
| City Slidell | | State LA | Zip Code 70458 | | |
| Purpose of Expenditure Mileage | | Category/Type 002 | | Transaction ID : 722d8ffc-91e1-4815-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Jeanne Tribou | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | | |
| Mailing Address 22369 Ponderosa Dr. | | | Amount 40.00 | | |
| City Mandeville | | State LA | Zip Code 70471 | | |
| Purpose of Expenditure Salary | | Category/Type 001 | | Transaction ID : d8085d48-a62d-4b1e-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 49.30 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 264 OF 320
FOR LINE 24 OF FORM 3X

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|---|-------------|---|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Jeanne Tribou | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Mailing Address 22369 Ponderosa Dr. | | Amount 15.60 | |
| City Mandeville | State LA | Zip Code 70471 | Transaction ID : 2e005644-7af9-4b0c-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 |
| Purpose of Expenditure Mileage | | Category/ Type 002 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Jennifer F Gilbert | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Mailing Address 180 McNeil Steep Hollow Rd | | Amount 50.00 | |
| City Carriere | State MS | Zip Code 39426 | Transaction ID : 661c4737-7677-42e9-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 |
| Purpose of Expenditure Salary | | Category/ Type 001 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 65.60 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Ms. Emily Buchanan | | [Electronically Filed] | |
| Signature | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 265 OF 320
FOR LINE 24 OF FORM 3X

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|---|-----------------------------|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Jennifer F Gilbert | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Mailing Address 180 McNeil Steep Hollow Rd | | Amount 44.70 | |
| City Carriere | State MS | Zip Code 39426 | Transaction ID : d3fc9ba0-6f00-42e5-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Zachary Vidrine | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Mailing Address 202 Rue Des Cajun | | Amount 30.00 | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : 524417e4-5653-4c1c-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 74.70 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| [Electronically Filed] | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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|--|--------------------|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Zachary Vidrine | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | | |
| Mailing Address 202 Rue Des Cajun | | | Amount 10.80 | | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : 3544028b-fabf-4f8c-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Ryan Drake | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | | |
| Mailing Address 29637 Park St | | | Amount 20.00 | | |
| City Walker | State LA | Zip Code 70785 | Transaction ID : ec83392f-8fff-4f03-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 30.80 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 267 OF 320
FOR LINE 24 OF FORM 3X

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|---|------------------------------|---|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Ryan Drake | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Mailing Address 29637 Park St | | Amount 2.40 | |
| City Walker | State LA | Zip Code 70785 | Transaction ID : 353f7550-d540-41c8-8 |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Cynthia N Schmit | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Mailing Address 2226 Taft Circle Apt 1 | | Amount 15.00 | |
| City Winchester | State VA | Zip Code 22601 | Transaction ID : 6e2f3351-129f-4d3c-a |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 17.40 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date 05 / 18 / 2015 [Electronically Filed] | |

| | | | |
|--|-------------|--|--|
| Full Name of Payee Theresa a Youngblood | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 23 / 2014 | |
| Mailing Address 102 S Main Street Apt A2 | | Amount 110.00 | |
| City Berryville | State VA | Zip Code 22611 | Transaction ID : 6e4972dc-29b7-4cf4-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 23 / 2014 |
| Purpose of Expenditure Salary | | Category/ Type 001 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: 00 State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | | |
|---|--|--|--|
| Full Name of Payee Michael Vidrine | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 23 / 2014 | |
| Mailing Address 1103 West Wilson Street | | Amount 70.00 | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : 23b4486f-35d1-41a1-8 |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 23 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | District: 00 State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 554635.78 | Disbursement For: 2014 <input checked="" type="checkbox"/> Other (specify) ▶ | <input type="checkbox"/> Primary <input type="checkbox"/> General Runoff |

| | | |
|--|---|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 180.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

| | | | |
|---|-------------|---|--|
| Full Name of Payee Joneisha Stewart | | Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>11 / 23 / 2014</div> </div> | |
| Mailing Address 2329 Runnymede Dr | | Amount <div> <div>40.00</div> </div> | |
| City Marrero | State LA | Zip Code 70072 | Transaction ID : b3a15e9c-13d8-47e1-8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>11 / 23 / 2014</div> </div> |
| Purpose of Expenditure Salary | | Category/ Type 001 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | <div> <div>554635.78</div> </div> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | | |
|--|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 61.30 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 270 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Joneisha Stewart | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Mailing Address 2329 Runnymede Dr | | Amount 9.60 | |
| City Marrero | State LA | Zip Code 70072 | Transaction ID : 6e01c837-6fb7-4960-b |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Christine Stevens | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Mailing Address 100 Asbury Ct | | Amount 30.00 | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : 3aecc20c-df83-4dad-b |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 39.60 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--------------------|--|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Jazmine d Conner | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | | |
| Mailing Address 100 ASBURY CT | | | Amount 30.00 | | |
| City WINCHESTER | State VA | Zip Code 22602 | Transaction ID : 0e0d89fe-9999-4f08-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | | |
| Purpose of Expenditure Salary | | Category/Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Jon E Conner | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | | |
| Mailing Address 100 Asbury Ct | | | Amount 30.00 | | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : 15c6a7d1-f2c5-4947-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | | |
| Purpose of Expenditure Salary | | Category/Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 60.00 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

| | | | |
|---|-------------|---|--|
| Full Name of Payee Rodney D Culbreth | | Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>11 / 23 / 2014</div> </div> | |
| Mailing Address 100 Asbury CT 3200 Dam Neck Rd | | Amount <div> <div></div> <div>30.00</div> </div> | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : 522cc174-f81a-4fee-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>11 / 23 / 2014</div> </div> |
| Purpose of Expenditure Salary | | Category/ Type 001 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | <div> <div></div> <div>554635.78</div> </div> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

| | | |
|---|---|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | <div style="border: 1px solid black; height: 25px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 25px; position: relative;"> Itemized Independent Expenditures 60.00 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | <div style="border: 1px solid black; height: 25px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 25px; position: relative;"> Unitemized Independent Expenditures </div> |
| (c) TOTAL Independent Expenditures..... | ▶ | <div style="border: 1px solid black; height: 25px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 25px; position: relative;"> Total Independent Expenditures </div> |

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 273 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-------------------|---|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Rze Culbreath | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Mailing Address 100 Asbury Ct | | Amount 30.00 | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : 6c56a702-5fd0-497d-8 |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |
| Full Name of Payee Brieshauna M Stevens | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Mailing Address 1703 Torrey Pines Ct | | Amount 60.00 | |
| City Reston | State VA | Zip Code 20190 | Transaction ID : e90bc2eb-f976-4a45-a |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 90.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Ms. Emily Buchanan | | [Electronically Filed] | |
| Signature | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|--|---|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee ERIC TABARY | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | | |
| Mailing Address 6101 NORA ST | | | Amount 70.00 | | |
| City METAIRIE | | State LA | Zip Code 70003 | | |
| Purpose of Expenditure Salary | | Category/Type 001 | | Transaction ID : 05c76158-701f-4fe5-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee ERIC TABARY | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | | |
| Mailing Address 6101 NORA ST | | | Amount 2.10 | | |
| City METAIRIE | | State LA | Zip Code 70003 | | |
| Purpose of Expenditure Mileage | | Category/Type 002 | | Transaction ID : 7e4e46bd-90d8-4e16-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 72.10 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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|--|-------------|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Warren Gravois | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | | |
| Mailing Address 16005 7th St | | | Amount 20.00 | | |
| City Pearlington | State MS | Zip Code 39572 | Transaction ID : 0cf6a8fb-20af-4601-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Warren Gravois | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | | |
| Mailing Address 16005 7th St | | | Amount 1.50 | | |
| City Pearlington | State MS | Zip Code 39572 | Transaction ID : 9868800e-1563-472d-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 21.50 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 276 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-----------------------------|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Mary Frank | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | |
| Mailing Address 14 Ramblewood Drive | | Amount 15.00 | |
| City Covington | State LA | Zip Code 70435 | Transaction ID : b734e21f-ee9f-480a-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Mary Frank | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | |
| Mailing Address 14 Ramblewood Drive | | Amount 1.56 | |
| City Covington | State LA | Zip Code 70435 | Transaction ID : 568e93cc-e1a9-4178-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 16.56 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--------------------|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Zachary Vidrine | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | | |
| Mailing Address 202 Rue Des Cajun | | | Amount 50.00 | | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : 537f5ead-7160-45a3-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Zachary Vidrine | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | | |
| Mailing Address 202 Rue Des Cajun | | | Amount 15.60 | | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : 50e02fdf-6591-4884-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2014 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 65.60 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

[Electronically Filed]

| | | | |
|--|-------------|---|---|
| Full Name of Payee Debra Lindsey | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014 | |
| Mailing Address 119 Goldenwood Dr | | Amount 13.50 | |
| City Slidell | State LA | Zip Code 70461 | Transaction ID : c9b9434f-a308-47b8-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2014 |
| Purpose of Expenditure Mileage | | Category/ Type 002 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | |
|--|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 53.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 279 OF 320
FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|--|---|--|---------------------------------------|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div> | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Laura U Logie | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 24 / 2014</div> | | |
| Mailing Address 2565 Shire Circle | | | Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">40.00</div> | | |
| City Harrisonburg | | State VA | Zip Code 22801 | | Transaction ID : 5c4d5e2d-4f7c-45d6-8 |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 24 / 2014</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Nicholas O Wilcox | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 24 / 2014</div> | | |
| Mailing Address 1981 Cherokee St | | | Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">52.00</div> | | |
| City Baton Rouge | | State LA | Zip Code 70806 | | Transaction ID : fdb804f9-19e0-4df0-b |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 24 / 2014</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">92.00</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div> | | |
| [Electronically Filed] | | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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|--|--|--|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Krista J Smith | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Mailing Address 41176 Bertville Rd | | | Amount 20.00 | | |
| City Gonzales | | State LA | Zip Code 70737 | | Transaction ID : 95606519-7dec-4a27-8 |
| Purpose of Expenditure Salary | | Category/Type 001 | | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Krista J Smith | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Mailing Address 41176 Bertville Rd | | | Amount 1.23 | | |
| City Gonzales | | State LA | Zip Code 70737 | | Transaction ID : 3652eed6-92e7-4934-a |
| Purpose of Expenditure Mileage | | Category/Type 002 | | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 21.23 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 281 OF 320
FOR LINE 24 OF FORM 3X

| | | | | |
|--|--|--|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | | | | |
| Full Name of Payee Noah J Smith | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 24 / 2014</div> | |
| Mailing Address 41174 Bertville Rd | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div> | |
| City Gonzales | | State LA | Zip Code 70737 | |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | Transaction ID : 4cc14b66-e349-44fe-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 24 / 2014</div> |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | |
| Full Name of Payee Tammy Williams | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 24 / 2014</div> | |
| Mailing Address 924 N. Prieur St | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div> | |
| City New Orleans | | State LA | Zip Code 70116 | |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | Transaction ID : 789c7cfe-0204-4ecf-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 24 / 2014</div> |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div> | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature <i>Ms. Emily Buchanan</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 30%; text-align: right;">Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div></div></div> | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|--|---|--|---------------------------------------|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Tammy Williams | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Mailing Address 924 N. Prieur St | | | Amount 9.00 | | |
| City New Orleans | | State LA | Zip Code 70116 | | Transaction ID : 3d1c359a-609d-4d3c-9 |
| Purpose of Expenditure Mileage | | Category/Type 002 | | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Antoinette Franklin | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Mailing Address 8822 Apple St | | | Amount 40.00 | | |
| City New Orleans | | State LA | Zip Code 70188 | | Transaction ID : 17c8ba71-cb70-4973-8 |
| Purpose of Expenditure Salary | | Category/Type 001 | | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 49.00 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 283 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-----------------------------|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Antoinette Franklin | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Mailing Address 8822 Apple St | | Amount 9.00 | |
| City New Orleans | State LA | Zip Code 70188 | Transaction ID : c79e59b4-cafc-4217-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Heather A Smith | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Mailing Address 995 Clairborne Rd | | Amount 37.00 | |
| City Calhoun | State LA | Zip Code 71225 | Transaction ID : a471bbf1-9782-4a17-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 46.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| [Electronically Filed] | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Heather A Smith | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Mailing Address 995 Clairborne Rd | | | Amount 21.90 | | |
| City Calhoun | | State LA | Zip Code 71225 | | Transaction ID : 0cb82453-f81b-4efb-8 |
| Purpose of Expenditure Mileage | | Category/Type 002 | | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Hannah J Landry | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Mailing Address 1110 N Coolidge | | | Amount 95.00 | | |
| City Gonzales | | State LA | Zip Code 70737 | | Transaction ID : 9a10da14-8473-46ec-8 |
| Purpose of Expenditure Salary | | Category/Type 001 | | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 116.90 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> | | | Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 285 OF 320
FOR LINE 24 OF FORM 3X

| | | | | | |
|--|-------------|--|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div> | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Hannah J Landry | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 24 / 2014</div> | | |
| Mailing Address 1110 N Coolidge | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">24.00</div> | | |
| City Gonzales | State LA | Zip Code 70737 | Transaction ID : cdca09dc-7b4c-4925-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 24 / 2014</div> | | |
| Purpose of Expenditure Mileage | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Mary C Lee | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 24 / 2014</div> | | |
| Mailing Address 1030 N Coolidge Ave | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">95.00</div> | | |
| City Gonzales | State LA | Zip Code 70737 | Transaction ID : 1a7fe480-2b08-4257-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 24 / 2014</div> | | |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">119.00</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature <i>Ms. Emily Buchanan</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div></div></div> | | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|-------------|---|--|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Mary C Lee | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Mailing Address 1030 N Coolidge Ave | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24.00</div> | | |
| City Gonzales | State LA | Zip Code 70737 | Transaction ID : b5d49896-f705-4e30-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Purpose of Expenditure Mileage | | Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Lilly Green | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Mailing Address 205 Medallion Circle | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">80.00</div> | | |
| City Shreveport | State LA | Zip Code 71119 | Transaction ID : a95d4236-398f-4edd-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Purpose of Expenditure Salary | | Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">104.00</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> | | [Electronically Filed] | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div> | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 287 OF 320
FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div> | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Lilly Green | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 24 / 2014</div> | | |
| Mailing Address 205 Medallion Circle | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">69.60</div> | | |
| City State Zip Code Shreveport LA 71119 | | Transaction ID : 91fe457f-eb26-455f-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 24 / 2014</div> | | | |
| Purpose of Expenditure Mileage | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Jennifer F Gilbert | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 24 / 2014</div> | | |
| Mailing Address 180 McNeil Steep Hollow Rd | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">80.00</div> | | |
| City State Zip Code Carriere MS 39426 | | Transaction ID : db12967c-6f71-4f57-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 24 / 2014</div> | | | |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">149.60</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div> <div style="text-align: center;">[Electronically Filed]</div> | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 288 OF 320
FOR LINE 24 OF FORM 3X

| | | | | | |
|--|-------------|--|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div> | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Jennifer F Gilbert | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 24 / 2014</div> | | |
| Mailing Address 180 McNeil Steep Hollow Rd | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">43.80</div> | | |
| City Carriere | State MS | Zip Code 39426 | Transaction ID : 6f9a22eb-b49b-4583-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 24 / 2014</div> | | |
| Purpose of Expenditure Mileage | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Eva M Johnston | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 24 / 2014</div> | | |
| Mailing Address 2517 N 47th St | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">10.00</div> | | |
| City Milwaukee | State WI | Zip Code 53210 | Transaction ID : 6d221395-3ca3-462f-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 24 / 2014</div> | | |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">554635.78</div> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">53.80</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature <i>Ms. Emily Buchanan</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 18 / 2015</div></div></div> | | | | | |

| | | | | | |
|---|-------|--|---|--|--|
| Full Name of Payee Christopher Marquess | | | Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>11 / 24 / 2014</div> </div> | | |
| Mailing Address 110 W Pecan St | | | Amount <div> <div></div> <div>32.70</div> </div> | | |
| City | State | Zip Code | Transaction ID : 70f463cf-2f35-426a-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>11 / 24 / 2014</div> </div> | | |
| Ville Platte | LA | 70586 | | | |
| Purpose of Expenditure Mileage | | Category/ Type | <div> <div>MM / DD / YYYY</div> <div>11 / 24 / 2014</div> </div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | |
| Calendar Year-To-Date Per Election for Office Sought | | <div> <div></div> <div>554635.78</div> </div> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |

| | |
|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 77.70 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures..... | |

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 290 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-----------------------------|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Felicia A Jones | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Mailing Address 4106 Martha St | | Amount 80.00 | |
| City Shreveport | State LA | Zip Code 71109 | Transaction ID : 54b6ed7d-f605-45a4-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Felicia A Jones | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Mailing Address 4106 Martha St | | Amount 9.30 | |
| City Shreveport | State LA | Zip Code 71109 | Transaction ID : 97fe0322-9abb-4dc4-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate | | District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 89.30 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

| | | | |
|---|--|---|---|
| Full Name of Payee Maegan E McDaniel | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 24 / 2014 | |
| Mailing Address 3009 Skelly St | | Amount 60.00 | |
| City Shreveport | State LA | Zip Code 71107 | Transaction ID : 653f8545-3b47-4aad-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 24 / 2014 |
| Purpose of Expenditure Salary | Category/ Type 001 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | District: 00 State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | |
|--|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | <div style="text-align: right; margin-top: 10px;">120.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

Signature

| | | | |
|---|--|--|---|
| Full Name of Payee Francis Richardson | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 24 / 2014 | |
| Mailing Address 220 Doucet Rd | | Amount 35.00 | |
| City Lafayette | State LA | Zip Code 70503 | Transaction ID : 629dada0-c197-497b-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 24 / 2014 |
| Purpose of Expenditure Salary | Category/ Type 001 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | District: 00 State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 554635.78 | Disbursement For: 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | |
|--|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 57.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 293 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|--------------------|---|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Francis Richardson | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Mailing Address 220 Doucet Rd | | Amount 3.03 | |
| City Lafayette | State LA | Zip Code 70503 | Transaction ID : 9621570b-64dc-44d0-b |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Christopher L Gilbert | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Mailing Address 55 Lovell Johnson Rd | | Amount 80.00 | |
| City Picayune | State MS | Zip Code 39466 | Transaction ID : 0bd087d2-9f55-4461-a |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 83.03 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 294 OF 320
FOR LINE 24 OF FORM 3X

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|---|-------------|---|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y | | | | |
| Full Name of Payee Christopher L Gilbert | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 24 / 2014 | |
| Mailing Address 55 Lovell Johnson Rd | | | Amount 45.90 | |
| City Picayune | State MS | Zip Code 39466 | Transaction ID : b3793af6-9793-45ca-a Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 24 / 2014 | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Jessica R Resendiz | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 24 / 2014 | |
| Mailing Address 9685 Paula St | | | Amount 70.00 | |
| City Keithville | State LA | Zip Code 71047 | Transaction ID : 7b6585f2-1c72-40f0-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 24 / 2014 | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 115.90 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature Ms. Emily Buchanan | | [Electronically Filed] | | Date M M / D D / Y Y Y Y 05 / 18 / 2015 |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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|--|--------------------|---|--|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee Jessica R Resendiz | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Mailing Address 9685 Paula St | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24.60</div> | | |
| City Keithville | State LA | Zip Code 71047 | Transaction ID : cac6b581-a0b4-4eba-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Purpose of Expenditure Mileage | | Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Alice K Salazar | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Mailing Address 605 W Houston St | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">40.00</div> | | |
| City Marshall | State TX | Zip Code 75633 | Transaction ID : 4265716e-01e8-40d6-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div> | | |
| Purpose of Expenditure Salary | | Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div> | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">64.60</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | [Electronically Filed] | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div> | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 296 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|--------------------|---|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY | |
| Full Name of Payee Alice K Salazar | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 24 / 2014 | |
| Mailing Address 605 W Houston St | | Amount 53.70 | |
| City Marshall | State TX | Zip Code 75633 | Transaction ID : 31b817fc-76dd-45ad-8 |
| Purpose of Expenditure Mileage | | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 24 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Taylor De Julian-Hernandez | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 24 / 2014 | |
| Mailing Address 284 Cr 1401 | | Amount 60.00 | |
| City Carthage | State TX | Zip Code 75633 | Transaction ID : 1db13336-1581-4c08-9 |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 24 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 113.70 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date MM / DD / YYYY 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 297 OF 320
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|--|-------------|---|---|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | |
| Full Name of Payee Gregory Green | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Mailing Address 2506 Bolch Street | | | Amount 80.00 | |
| City Shreveport | State LA | Zip Code 71104 | Transaction ID : ea5ad6fa-7b70-483e-8 | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | |
| Full Name of Payee Gregory Green | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Mailing Address 2506 Bolch Street | | | Amount 53.40 | |
| City Shreveport | State LA | Zip Code 71104 | Transaction ID : 25a0cf31-4cc4-4dc6-9 | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 133.40 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | [Electronically Filed] | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 298 OF 320
FOR LINE 24 OF FORM 3X

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|---|--------------------|---|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Hilary Townsend | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Mailing Address 4506 US Hwy 79 North | | Amount 60.00 | |
| City Deberry | State TX | Zip Code 75639 | Transaction ID : 2e0b3979-826e-4255-a |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Ana L Esquivel | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Mailing Address 284 Cr 1401 | | Amount 60.00 | |
| City Carthage | State TX | Zip Code 75633 | Transaction ID : 2b14f8cd-f845-4fc6-b |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 120.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature Ms. Emily Buchanan | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|---|--|--|
| Full Name of Payee Lesley Lennox | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 11 / 24 / 2014</div> </div> | |
| Mailing Address 2305 Cleary Ave | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.00</div> | |
| City State Zip Code Metairie LA 70001 | Transaction ID : bcfbb1a2-3691-440f-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 11 / 24 / 2014</div> </div> | | |
| Purpose of Expenditure Salary | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: LA <input type="checkbox"/> President | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | | |
|--|---|--|--|
| Full Name of Payee Lesley Lennox | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 11 / 24 / 2014</div> </div> | |
| Mailing Address 2305 Cleary Ave | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.90</div> | |
| City State Zip Code Metairie LA 70001 | Transaction ID : 7cef0a9f-0127-40d9-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 11 / 24 / 2014</div> </div> | | |
| Purpose of Expenditure Mileage | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: LA <input type="checkbox"/> President | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.90</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 300 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-------------------|---|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Joneisha Stewart | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Mailing Address 2329 Runnymede Dr | | Amount 60.00 | |
| City Marrero | State LA | Zip Code 70072 | Transaction ID : 0bb33f23-8811-4219-b |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |
| Full Name of Payee Joneisha Stewart | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Mailing Address 2329 Runnymede Dr | | Amount 7.50 | |
| City Marrero | State LA | Zip Code 70072 | Transaction ID : 4c90f00a-6b51-4063-a |
| Purpose of Expenditure Mileage | Category/ Type | 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 67.50 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | |
| (c) TOTAL Independent Expenditures..... | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature <i>Ms. Emily Buchanan</i> | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

| | | | |
|---|--|--|---|
| Full Name of Payee Julia Perry | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 24 / 2014 | |
| Mailing Address 2046 Perrin St Apt C | | Amount 13.50 | |
| City Shreveport | State LA | Zip Code 71101 | Transaction ID : 25625908-c0d2-4249-8 |
| Purpose of Expenditure Mileage | Category/ Type | 002 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 24 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | District: 00 State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |

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|--|---|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 113.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|--------------------|---|---|
| Full Name of Payee Zachary Vidrine | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 24 / 2014 | |
| Mailing Address 202 Rue Des Cajun | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div> | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : b4b08cf6-1915-4627-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 24 / 2014 |
| Purpose of Expenditure Salary | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | | |
|--|--------------------|---|---|
| Full Name of Payee Zachary Vidrine | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 24 / 2014 | |
| Mailing Address 202 Rue Des Cajun | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19.20</div> | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : f3086575-46ed-491d-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 24 / 2014 |
| Purpose of Expenditure Mileage | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">79.20</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

 MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 303 OF 320
 FOR LINE 24 OF FORM 3X

| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|----------------------|--|---|
| Full Name of Payee Heather Ainsworth | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 24 / 2014 | |
| Mailing Address 9685 Paula St | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div> | |
| City Keithville | State LA | Zip Code 71047 | Transaction ID : 6ec9e728-4732-4eb3-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 24 / 2014 |
| Purpose of Expenditure Salary | Category/Type 001 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | | |
|---|----------------------|--|---|
| Full Name of Payee Heather Ainsworth | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 24 / 2014 | |
| Mailing Address 9685 Paula St | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">54.30</div> | |
| City Keithville | State LA | Zip Code 71047 | Transaction ID : 8b4aa129-519e-48ff-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 24 / 2014 |
| Purpose of Expenditure Mileage | Category/Type 002 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">134.30</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 05 / 18 / 2015

Signature

| | | | |
|---|--|--|--|
| Full Name of Payee Elvis Spears | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 24 / 2014 | |
| Mailing Address 2150 Hope St | | Amount 15.60 | |
| City New Orleans | State LA | Zip Code 70119 | Transaction ID : 9e127a43-5822-4ef6-8 |
| Purpose of Expenditure Mileage | Category/ Type | 002 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 24 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | District: 00 State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 554635.78 | Disbursement For: 2014 <input checked="" type="checkbox"/> Other (specify) ▶ | <input type="checkbox"/> Primary <input type="checkbox"/> General Runoff |

| | | |
|--|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 95.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 305 OF 320
 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|-------------|---|---|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Cynthia N Schmit | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Mailing Address 2226 Taft Circle Apt 1 | | | Amount 12.50 | | |
| City Winchester | State VA | Zip Code 22601 | Transaction ID : 62555975-fbee-41a6-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee ERIC TABARY | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Mailing Address 6101 NORA ST | | | Amount 60.00 | | |
| City METAIRIE | State LA | Zip Code 70003 | Transaction ID : f1a83f40-8f9c-4f27-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 72.50 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> | | [Electronically Filed] | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 306 OF 320
FOR LINE 24 OF FORM 3X

| | | | | | |
|---|-------------|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee ERIC TABARY | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Mailing Address 6101 NORA ST | | | Amount 2.70 | | |
| City METAIRIE | State LA | Zip Code 70003 | Transaction ID : 256793c6-33cf-40f6-8 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Jeanne Tribou | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Mailing Address 22369 Ponderosa Dr. | | | Amount 40.00 | | |
| City Mandeville | State LA | Zip Code 70471 | Transaction ID : eac82a79-f34c-4f40-9 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 42.70 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature Ms. Emily Buchanan | | [Electronically Filed] | | Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 307 OF 320
FOR LINE 24 OF FORM 3X

| | | | | | |
|--|-------------|---|---|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Jeanne Tribou | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Mailing Address 22369 Ponderosa Dr. | | | Amount 9.30 | | |
| City Mandeville | State LA | Zip Code 70471 | Transaction ID : 8273f72c-5d23-42eb-9 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Cathy Longtin | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Mailing Address 827 Navavre Ave | | | Amount 80.00 | | |
| City New Orleans | State LA | Zip Code 70124 | Transaction ID : b0b4d9cc-8df4-46b9-b | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 89.30 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | [Electronically Filed] | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 308 OF 320
FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--------------------|--|---|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Cathy Longtin | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Mailing Address 827 Navavre Ave | | | Amount 9.90 | | |
| City New Orleans | State LA | Zip Code 70124 | Transaction ID : 642b6e41-3613-499d-b | | |
| Purpose of Expenditure Mileage | | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Theresa a Youngblood | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Mailing Address 102 S Main Street Apt A2 | | | Amount 65.00 | | |
| City Berryville | State VA | Zip Code 22611 | Transaction ID : 2b3ee75d-442f-4cb8-8 | | |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 74.90 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | [Electronically Filed] | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 309 OF 320
 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|--|---|--|---------------------------------------|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Francesca Blom | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Mailing Address 101 Asbury Ct | | | Amount 92.50 | | |
| City Winchester | | State VA | Zip Code 22602 | | Transaction ID : 44cc280c-ac98-4f15-a |
| Purpose of Expenditure Salary | | Category/Type 001 | | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Evelyn Lesaicherre | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Mailing Address 629 Radiance Ave | | | Amount 80.00 | | |
| City Metairie | | State LA | Zip Code 70001 | | Transaction ID : 5b749f2a-f90e-465d-8 |
| Purpose of Expenditure Salary | | Category/Type 001 | | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 172.50 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 310 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|--------------------|---|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Evelyn Lesaicherre | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Mailing Address 629 Radiance Ave | | Amount 5.40 | |
| City Metairie | State LA | Zip Code 70001 | Transaction ID : 5aa0ea81-ced0-4854-a |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee Carl Brent | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Mailing Address 6718 Lake Willow Dr | | Amount 80.00 | |
| City New Orleans | State LA | Zip Code 70126 | Transaction ID : 278b8fa4-dfdb-4ab4-a |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 85.40 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature <i>Ms. Emily Buchanan</i> | | Date 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 311 OF 320
 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|-------------|---|---|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Carl Brent | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Mailing Address 6718 Lake Willow Dr | | | Amount 14.40 | | |
| City New Orleans | State LA | Zip Code 70126 | Transaction ID : 4aac07bc-2ef7-4823-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Joshua J Huffman | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Mailing Address 211 Dixie Ave | | | Amount 60.00 | | |
| City Harrisonburg | State VA | Zip Code 22801 | Transaction ID : 16b2cf89-09f7-4a48-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 74.40 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | [Electronically Filed] | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 312 OF 320
FOR LINE 24 OF FORM 3X

| | | | | |
|---|-------------------|---|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Christine Stevens | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Mailing Address 100 Asbury Ct | | Amount 70.00 | | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : 0722208b-5017-4391-a | |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | |
| Full Name of Payee Jazmine d Conner | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Mailing Address 100 ASBURY CT | | Amount 70.00 | | |
| City WINCHESTER | State VA | Zip Code 22602 | Transaction ID : a89fd75b-100e-40bf-a | |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 140.00 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | | |
| (c) TOTAL Independent Expenditures..... | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |
| [Electronically Filed] | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 313 OF 320
FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|---|---|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Jon E Conner | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Mailing Address 100 Asbury Ct | | | Amount 70.00 | | |
| City Winchester | | State VA | Zip Code 22602 | | Transaction ID : 548197c4-325d-4623-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Rodney O Culbreath | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Mailing Address 100 Asbury Ct | | | Amount 70.00 | | |
| City Winchester | | State VA | Zip Code 22602 | | Transaction ID : b191ac49-d2ac-4a76-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 140.00 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Ms. Emily Buchanan</i> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |
| | | | [Electronically Filed] | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 314 OF 320
FOR LINE 24 OF FORM 3X

| | | | |
|---|-------------------|---|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |
| Full Name of Payee Rodney D Culbreth | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Mailing Address 100 Asbury CT 3200 Dam Neck Rd | | Amount 70.00 | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : 7f050760-a2b5-4ec4-a |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |
| Full Name of Payee Rze Culbreath | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Mailing Address 100 Asbury Ct | | Amount 70.00 | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : cca6c496-3a2e-4c30-9 |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 140.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | |
| (c) TOTAL Independent Expenditures..... | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature <i>Ms. Emily Buchanan</i> | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | |
| | | [Electronically Filed] | |

| | | | |
|--|-------------|---|---|
| Full Name of Payee Brieshauna M Stevens | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 24 / 2014 | |
| Mailing Address 1703 Torrey Pines Ct | | Amount 60.00 | |
| City Reston | State VA | Zip Code 20190 | Transaction ID : e66e44a3-36dc-420b-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 24 / 2014 |
| Purpose of Expenditure Salary | | Category/ Type 001 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | | |
|--|-------------|---|---|
| Full Name of Payee Laura U Logie | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 24 / 2014 | |
| Mailing Address 2565 Shire Circle | | Amount 30.00 | |
| City Harrisonburg | State VA | Zip Code 22801 | Transaction ID : 5692efae-f1c1-430c-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 24 / 2014 |
| Purpose of Expenditure Salary | | Category/ Type 001 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | |
|--|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 90.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|--|---|--|---------------------------------------|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee Helen Celestine | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Mailing Address 38346 Quinn Rd | | | Amount 20.00 | | |
| City Pearl River | | State LA | Zip Code 70452 | | Transaction ID : e2e3c418-550e-41ce-9 |
| Purpose of Expenditure Salary | | Category/Type 001 | | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Helen Celestine | | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | | |
| Mailing Address 38346 Quinn Rd | | | Amount 4.50 | | |
| City Pearl River | | State LA | Zip Code 70452 | | Transaction ID : a8b98bf7-5bcb-4cc1-9 |
| Purpose of Expenditure Mileage | | Category/Type 002 | | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 554635.78 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 24.50 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 | | |

| | | | | | |
|---|-------------|--|---|--|--|
| Full Name of Payee Amanda Boley | | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 24 / 2014 | | |
| Mailing Address Split Oak Drive | | | Amount 19.23 | | |
| City charlotte | State NC | Zip Code 28227 | Transaction ID : 3a450105-d28a-4e04-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 24 / 2014 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought | | 554635.78 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |

| | | |
|--|---|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 104.23 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 318 OF 320
 FOR LINE 24 OF FORM 3X

| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div> | |

| | | | |
|---|----------------------|---|--|
| Full Name of Payee Lesley Lennox | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014 | |
| Mailing Address 2305 Cleary Ave | | Amount 57.50 | |
| City Metairie | State LA | Zip Code 70001 | Transaction ID : 6d8ee469-d2c9-4041-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | |

| | | | |
|---|----------------------|---|--|
| Full Name of Payee Lesley Lennox | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014 | |
| Mailing Address 2305 Cleary Ave | | Amount 3.90 | |
| City Metairie | State LA | Zip Code 70001 | Transaction ID : cb909de3-969c-4a25-a |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 61.40 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 319 OF 320
 FOR LINE 24 OF FORM 3X

| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-------------------|--|---|
| Full Name of Payee Colton R Overcash | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 24 / 2014 | |
| Mailing Address 121 Ohara Dr | | Amount 70.00 | |
| City Salisbury | State NC | Zip Code 28147 | Transaction ID : 0f705fca-b1c5-49b8-b |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 24 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | | | |
|---|-------------------|--|---|
| Full Name of Payee Colton R Overcash | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 24 / 2014 | |
| Mailing Address 121 Ohara Dr | | Amount 78.84 | |
| City Salisbury | State NC | Zip Code 28147 | Transaction ID : 7920c277-d391-4f35-9 |
| Purpose of Expenditure Mileage | Category/ Type | 002 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 24 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |

| | |
|---|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 148.84 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
05 / 18 / 2015

Signature

| | | | | | |
|--|-------------|---|---|--|--|
| Full Name of Payee Colton R Overcash | | | Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>11 / 23 / 2014</div> </div> | | |
| Mailing Address 121 Ohara Dr | | | Amount <div> <div>60.60</div> </div> | | |
| City Salisbury | State NC | Zip Code 28147 | Transaction ID : 8c28a9f9-fbf6-4f96-8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>11 / 23 / 2014</div> </div> | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | |
| Calendar Year-To-Date Per Election for Office Sought <div> <div>554635.78</div> </div> | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | | |

| | | |
|--|---|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 150.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | 34162.77 |

FEC Schedule E (Form 3X) Rev. 09/2013